

DISSERTATION ON

**A PROSPECTIVE STUDY OF MATERNAL NEAR MISS AND
MATERNAL MORTALITY IN A TERTIARY CARE CENTER
WITH SPECIAL REFERENCE TO ITS ETIOLOGY AND
MANAGEMENT.**

Dissertation submitted to

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY

*In partial fulfillment of the regulations
for the award of the degree of*

M.S. OBSTETRICS AND GYNAECOLOGY

BRANCH – VI



**THANJAVUR MEDICAL COLLEGE,
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CHENNAI - 600 032**

APRIL -2017

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This is to certify that this dissertation entitled “**A PROSPECTIVE STUDY OF MATERNAL NEAR MISS AND MATERNAL MORTALITY IN A TERTIARY CARE CENTER WITH SPECIAL REFERENCE TO ITS ETIOLOGY AND MANAGEMENT**” is a bonafide original work of **Dr.LAKSHMI S.** in partial fulfillment of the requirements for M.S Branch - VI (Obstetrics & Gynaecology) Examination of the Tamilnadu Dr.M.G.R. Medical University to be held in APRIL - 2017. The period of study was from August 2015 to July - 2016.

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submitted by Dr. S. LAKSHMI of

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INTRODUCTION

"Maternal mortality ratio is one of the health indicator used to measure maternal health. Maternal death is tip of iceberg which has vast base to the ice berg maternal morbidity which remains undescribed. To challenge this problem, maternal near miss can be used as a compliment to maternal death as a maternal health indicator".



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INTRODUCTION

“Maternal mortality ratio is one of the health indicator used to measure maternal health. Maternal death is tip of iceberg which has vast base to the ice berg maternal morbidity which remains undescribed.To challenge this problem, maternal near miss can be used as a compliment to maternal death as a maternal health indicator”.

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DECLARATION

I, **Dr.LAKSHMI S.**, solemnly declare that dissertation titled “**A PROSPECTIVE STUDY OF MATERNAL NEAR MISS AND MATERNAL MORTALITY IN A TERTIARY CARE CENTER WITH SPECIAL REFERENCE TO ITS ETIOLOGY AND MANAGEMENT**” is a bonafide work done by me at Thanjavur Medical College, Thanjavur during September 2015 to August 2016 under the guidance and supervision of **Prof.Dr.S.PRADEEBA, M.D.,OG.**, Head of the Department, Department of Obstetrics and Gynaecology, Thanjavur Medical College, Thanjavur.

This dissertation is submitted to Tamilnadu Dr. M.G.R Medical University towards partial fulfillment of requirement for the award of **M.S Degree (Branch -VI) in Obstetrics and Gynaecology.**

Place: Thanjavur

Date:

(Dr.LAKSHMI S)

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INTRODUCTION

“Maternal mortality ratio is one of the health indicator used to measure maternal health. Maternal death is tip of iceberg which has vast base to the ice berg maternal morbidity which remains undescribed. To challenge this problem, maternal near miss can be used as a compliment to maternal death as a maternal health indicator”.



DEFINITION:

Maternal near miss is defined as “pregnant or recently delivered woman who survived a complication during pregnancy, childbirth or 42 days after termination of pregnancy”.

Practically “woman are considered near miss cases when they survive life threatening conditions (ie,.organ dysfunctions)”

‘Maternal death’ is defined as “the death of a woman during pregnancy or within 42 days after termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes”.

CONCEPT OF NEAR MISS APPROACH

“Near miss reviews offers informations about the delays in seeking health care and other “health system failures” and allows “assessment of quality of maternal health-care” so that appropriate action can be taken. Using maternal Near miss indicators, the quality of care can be evaluated. The “near miss approach” can be used as an important device in the evaluation and assessment of the newer strategies for improving maternal health”.

“Near miss cases possess similar characteristics like that of maternal mortality and gives informations about various obstacles that had to be overcome after the onset of an acute complication. For the last two decades, concept of maternal near miss approach has been gained importance in maternal health. It is considered as an adjunct to maternal death confidential inquiries”.

AIM AND OBJECTIVES

AIM:

To study the maternal near miss and mortality cases in a tertiary care center with its special reference to its aetiology and management.

OBJECTIVES:

To study the

- Age and parity distribution of the maternal near miss and mortality cases.
- Causes and incidence of maternal near miss morbidity and mortality.
- Mode of intervention done to save the patients.
- Pregnancy outcome in affected cases.
- Calculating various maternal indices.

REVIEW OF LITERATURE

- ❖ “According to the WHO systematic review of maternal morbidity and mortality , Organ-system dysfunction/failure approach sounds good as it has less bias”.(**Say L et al 2009**).
- ❖ “Hemorrhage and hypertensive disorders are the leading causes of near miss events. As near miss analysis indicates quality of health care, it is worth presenting in national indices” (**Roopa PS et al,2013**)
- ❖ “ Evaluation of the disease process earlier and earlier referral from the primary health care level is of very important to maternal morbidity and mortality”(**HKD Sarma et al 2014**)
- ❖ “The most common cause of SAMM were sepsis., preeclampsia and obstetric hemorrhage”.(**Sousa et al,2010**)
- ❖ “ Hypertensive disorders and haemorrhage were the leading causes of near-misses(86%). 60% Of maternal mortality was due to hemorrhage while sepsis had the higher mortality index (7.4%). Most of the cases had near-miss upon during admission at the hospital. Almost one

fourth of near-miss cases needed ICU admission”. (**Yara Almerie et al’s** review on 2006-2007)

- ❖ “Hemorrhage, uterine rupture, puerperal sepsis, and complicated abortions were the conditions leading to the near miss morbidity in more than three fourth of the patients. In their study, more than half the cases delayed to seek health care, because the patients were unwilling, or relatives were not helpful. Other half also experienced substandard health care in the hospitals”.(**Okong P et al** ,2005)
- ❖ “The prevalence of SAMM cases ranged from 0.07 to 8.23% and the case-fatality ratio from 0.02 to 37%. In their study severe hemorrhage, sepsis and hypertensive disorders of pregnancy are the common near-miss conditions.” (**Minkauskiene M et al** ,2004)
- ❖ “The comprehensive emergency care and intensive care as well as overall improvements in the quality of maternal health care need to be achieved to reduce maternal death” (**Norhayati MN et al I**, 2014)

- ❖ “One fifth of admissions in public hospitals were near miss cases and the critical state of the women at arrival suggest delays in access to the hospitals. Although the private sector largely share facility-based births in Indonesia, managing obstetric emergencies remains the domain of the public sector”.(**Asri Adisasmita et al** done at Indonasia on 2014)

- ❖ “A trial version for diagnosing ‘obstetric near-miss’ is proposed. It includes the indicators ‘eclampsia’, ‘severe hypertension’, ‘pulmonary edema’, ‘cardiac arrest’, ‘obstetrical hemorrhage’, ‘uterine rupture’, ‘admission to intensive care unit’, ‘emergent hysterectomy’, ‘blood transfusion’, ‘anesthetic accidents’, ‘urea >15 mmol/l or creatinine >400 mmol/l’, ‘oliguria (<400 ml/24 h)’ and ‘coma’”(**Michael E et al** on 2008)

- ❖ “The near miss approach allowed researchers and planners to develop frameworks seeking to improve quality of maternal health care not only at the facility level but also community health workers and referral”.(**Sanghita Bhattacharyya** , 2014)

- ❖ “The hospital-based MMR was 350 maternal deaths per 1lakh live births . The MNMR was 23.6 per 1,000 live births, with an overall case fatality rate of 12.9%.”(,Nelissen EJ et al ,2013)

- ❖ “The near miss incidence was 12%. Severe obstetric haemorrhage(41.3%), hypertensive disorders in pregnancy (37.3%), Prolonged dystocia(23%), sepsis (18.6%) and severe anaemia(14.6%) were the direct causes of near miss. The significant risk factors were: chronic hypertension , emergency caesarian section , assisted vaginal delivery. **The protective factors included antenatal care attendance at tertiary facility, knowledge of pregnancy complications.** Stillbirth was the most significant adverse perinatal outcomes associated with near miss event”. (Adeoye IA et al , 2013)

- ❖ “Age of 35 or more years old women with past history of pregnancy complications, underwent caesarean section deliveries, preterm delivery and referral to tertiary centres were the associated factors for SAMM cases”. (Norhayati MN et al)

❖ “The MNMR of 32.9/1000 live births, a MMR of 54.8/1lakh live births and a low mortality index of 1.7%. Hypertensive disorders (52%) and haemorrhage (34%) were the leading causes of SAMM cases. Late pregnancy haemorrhage was the leading cause of maternal mortality (60%) while sepsis had the highest mortality index (7.4%). Most cases were referred in critical conditions from other facilities namely traditional birth attendants homes , primary and secondary healthcare facilities and private practices . One fourth of near-miss cases needed admission to Intensive Care Unit (ICU)”.(Yara almerie al BMC Pregnancy and Childbirth201010:65)

Study/year	Country	Study setting	Criteria for near-miss	Prevalence %	Near miss death ratio	Causes of near miss (%)
Baskett ⁽¹²⁾ 1998	Canada 1980-1993	Tertiary maternity hospital	Management based	0.7	NA	Hypertension (25)
Waterstone ⁽¹⁶⁾ 2001	UK 1997-98		Disease specific	1.2	117	Hemorrhage (22) Sepsis (15) Hemorrhage 0.67 Eclampsia and pre eclampsia Severe sepsis
Brace ⁽¹⁷⁾ 2004	Scotland 2001-02	Maternity units	Disease specific and organ system dysfunction	1.34	49	Hemorrhage (50)
Zwart ⁽¹⁸⁾ 2008	Netherlands 2004-06	Population based	Management based	7.1	53	Eclampsia (13) ICU admission (33) Hemorrhage (4.5/1000) ICU admission (2.7/1000) Eclampsia (0.6/1000)
Mantel ⁽¹¹⁾ 1998	South Africa 1996	Academic hospitals	Organ system dysfunction	1.09	5	Hemorrhage (26) Hypertension (26) Sepsis (20)
Pruai ⁽²⁰⁾ 2000	West Africa multi country 1994-96	Maternity units	Disease specific	6.6	29	Hemorrhage (46)
Kaye ⁽²³⁾ 2003	Uganda 2000	Teaching hospital	Organ system dysfunction	10.1	17	Dystocia (30.9) Hypertension (9.6) Obstructed labor (37) Eclampsia and pre-eclampsia (18) Hemorrhage (22)
Fillipi ⁽²²⁾ 2005	Africa 1999-2000	Hospitals at different levels of the health system	Disease specific	8.2	9-108	Hemorrhage (22.7-52.8)
Oladapo ⁽¹⁹⁾ 2005	Nigeria 2002-04	Teaching hospital	Disease specific and management based	14.1	4.8	Hypertension (9.3-36.1) Anemia (16.5-46.4) Dystocia (30.9) Hemorrhage (30.2)
Khosla ⁽²⁴⁾ 2000	India 1998	Teaching hospital	Disease specific	4.4	7	Hypertension (31.4) Dystocia (19.4) anemia (10.7) Hemorrhage (29.9) Hypertension (22.7) Severe anemia (16.4)
Taly ⁽²⁵⁾ 2004	India 2001	Teaching hospital	Disease specific	4.4	6.25	Hemorrhage (60) Hypertension (34) Sepsis (4)
Chhabra ⁽²⁶⁾ 2008	India 2005	Teaching hospital	Disease specific and management based	3.3	31.5	Hemorrhage (34)
Siddiqui ⁽²⁷⁾	Pakistan	Civil hospital	Disease specific	8.6	5.8	Eclampsia and pre-eclampsia (34) Sepsis (12) Hemorrhage (33) Hypertension (31) Sepsis (14)

NA: Not available, ICU: Intensive care unit

MATERNAL MORTALITY

“ Millennium development goals were the eight international development goals for the year 2015 which is established following Millineum summit of the United Nations in 2000. Each goal has specific targets.Of that goal 5 is to improve maternal health”.

Target 5A is to reduce MMR by three quarters between 1990 and 2015.

Target 5B is to achieve universal access to reproductive health.



MMR:

The **Maternal Mortality Ratio** (MMR) is defined as the “**ratio** of the number of **maternal** deaths during a given time period per 100,000 live births during the same time-period”.

The global maternal mortality ratio is 210/100,000 births

In developing countries - 240/100,000 births

In developed countries - 14/100,000

India (1997-1998) - 398/100,000 births

(2001-2003) - 301/100,000 births

(2007-2009) - 212/100 000 births

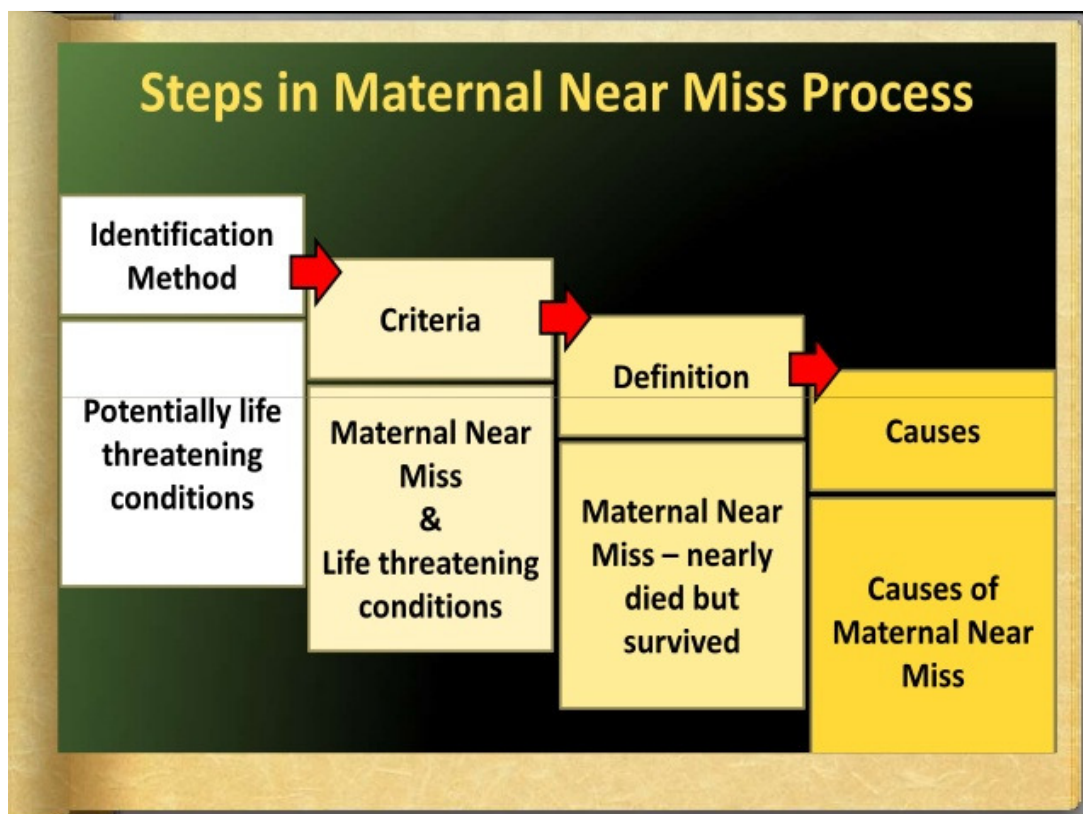
(2010-2012) -178/ 100 000 births

(2011-2013) -167/100 000 births

MATERNAL NEAR MISS:

“**Near miss** refers to a very ill pregnant or recently delivered woman who nearly died but survived a complication during pregnancy, childbirth or within 42 days of termination of pregnancy”.

“**SAMM** refers to a life-threatening disorder that can end up in near miss with or without residual morbidity or mortality”.



IDENTIFICATION OF NEAR MISS CASES

Various criterias have been used to identify maternal near-miss cases. Some of them are described as follows.

“Waterstone's Criteria

Severe preeclampsia

Eclampsia

HELLP syndrome

Severe hemorrhage

Severe sepsis

Uterine rupture”

(Waterstone M et al,2001.)

“Mantel's Criteria

Admission to the ICU for whatever reasons

Hypovolemia requiring 5 or more units of packed red blood cells

Pulmonary edema

Emergency hysterectomy for any reason

Admission to the ICU for sepsis

Intubation and ventilation for more than 60 minutes except for general anesthesia

Diabetic ketoacidosis

Coma for more than 12 hours

Cardio-respiratory arrest

Peripheral O₂ saturation <90% for more than 60 minutes

Ratio Pa O₂/FiO₂ < 300 mmHg

Oliguria, defined as urine output <400 ml/24 h, refractory to careful hydration or to furosemide or dopamine

Acute urea deterioration to 15 mmol/l or creatinine >400 mmol/l

Jaundice with preeclampsia

Thyrototoxic crisis

Acute thrombocytopenia requiring transfusion of platelets

Sub-arachnoid or intra-parenchymatous hemorrhage

Anesthetic accident:

- (1) severe hypotension associated with epidural or rachidian anesthesia – hypotension defined as systolic pressure <90 mmHg for more than 60 minutes;
 - (2) failure in tracheal intubation requiring anesthetic reversion”
- (Pattinson RC and Mantel G et al,2003)

“Pattinson *et al.* criteria

- (1) haemorrhage leading to shock, emergency obstetrical hysterectomy, coagulation defects and/or blood transfusion of 2 liters;
 - (2) hypertensive disorders in pregnancy including eclampsia and severe pre-eclampsia with clinical/ laboratory indications of termination of pregnancy to save the woman’s life;
 - (3) dystocia leading to uterine rupture and impending rupture (prolonged obstructed labour or previous caesarean section;
 - (4) infections causing hyperthermia or hypothermia or a clear source of infection and clinical signs of septic shock;
 - (5) anemia with hemoglobin level < 6 g/dl or clinical signs of severe anemia in a woman without severe haemorrhage.”
- (Pattinson RC et al , 2003)

‘Three major criteria mentioned in a review conducted by the WHO, are described in the following table’.

Clinical Criteria	Laboratory Criteria	Management Based Criteria
Acute cyanosis	Oxygen saturation <90% for > 60 minutes	Use of continuous vasoactive drugs
Gaspings	PaO ₂ / FiO ₂ < 200mmHg	Hysterectomy following infection or haemorrhage
RR >40 for > 60 minutes	Creatinine ≥ 3.5 mg/dl	Transfusion of ≥ 5 units of Blood
Shock	pH <7.1	Intubation and ventilation ≥ 60 minutes not related to anaesthesia
Oliguria not responsive to fluids or diuretics	Lactate > 5 mEq/ml	Dialysis for acute renal failure
Failure to form clots	Acute thrombocytopenia < 50,000/cumm	CPR
Loss of consciousness lasting >12 hrs	Loss of consciousness and ketoacids in urine	
Cardiac arrest		
Stroke		
Uncontrolled fits /total paralysis		
Jaundice in presence of preeclampsia		

Organ system dysfunction based criteria along with laboratory based criteria are feasible for identifying all SAMM cases and investigating its causes.

More number of near miss cases can be reported without missing using disease specific criteria. Management based criteria based on emergency hysterectomy and ICU admissions depends on the physical and human resources and criteria used for ICU admissions in the respective institution.

“WHO CRITERIA 2009 FOR NEAR MISS CASES

SEVERE MATERNAL COMPLICATIONS

- Severe postpartum hemorrhage
- Severe preeclampsia
- Eclampsia
- Sepsis or severe systemic infections
- Ruptured uterus
- Severe complications of abortions

CRITICAL INTERVENTIONS OR INTENSIVE CARE UNIT USE:

- Admission to intensive care unit
- Interventional radiology
- Laparotomy including hysterectomy excludes caesarean section
- Use of blood products

LIFE THREATENING CONDITIONS(NEAR MISS CRITERIA)

Cardiovascular dysfunction:

- Shock
- Cardiac arrest
- Use of continuous vasoactive drugs
- Severe hypoperfusion(lactate>5mmol/L)
- Severe acidosis(ph<7.1)

Respiratory dysfunction:

- Acute cyanosis
- Gaspings
- Severe tachypnea(RR>40/min)
- Severe bradypnea(RR<6/min)
- Intubation and ventilation not related to anaesthesia
- Severe hypoxia(SPO2 <90%for >60 min or PAO2/FiO2<200)

Renal dysfunction:

- Oliguria nonresponding to fluids or diuretics
- Dialysis for acute renal failure
- Severe acute azotemia(creatinine>3.5mg/dl)

Coagulation/hematological dysfunction:

- Failure to form clots
- Massive transfusion of blood or red cells(≥ 5 units)
- Severe acute thrombocytopenia(< 50000 platelets/ml)
- Hepatic dysfunction:
- Jaundice in presence of preeclampsia
- Severe acute hyperbilirubinemia
- (bilirubin $> 100\mu\text{mol/L}$ or $> 6\text{mg/dl}$)

Neurological dysfunction:

- Prolonged unconsciousness lasting > 12 hrs
- Coma including metabolic coma
- Stroke
- Uncontrollable fits/status epilepticus
- Total paralysis

Uterine dysfunction:

- Uterine hemorrhage or infection leading to hysterectomy”
(Say L, Pattinson RC et al ,2004)

ADVANTAGES OF WHO Criteria 2009

- Incorporates both Mantel’s and Waterston criteria
- Minimises the chances of missing the cases.

OPERATION DEFINITIONS

- **Severe postpartum haemorrhage-**

Vaginal bleeding after delivery (1000 ml or more) with hypotension and need for blood transfusion.

- **Severe pre-eclampsia**

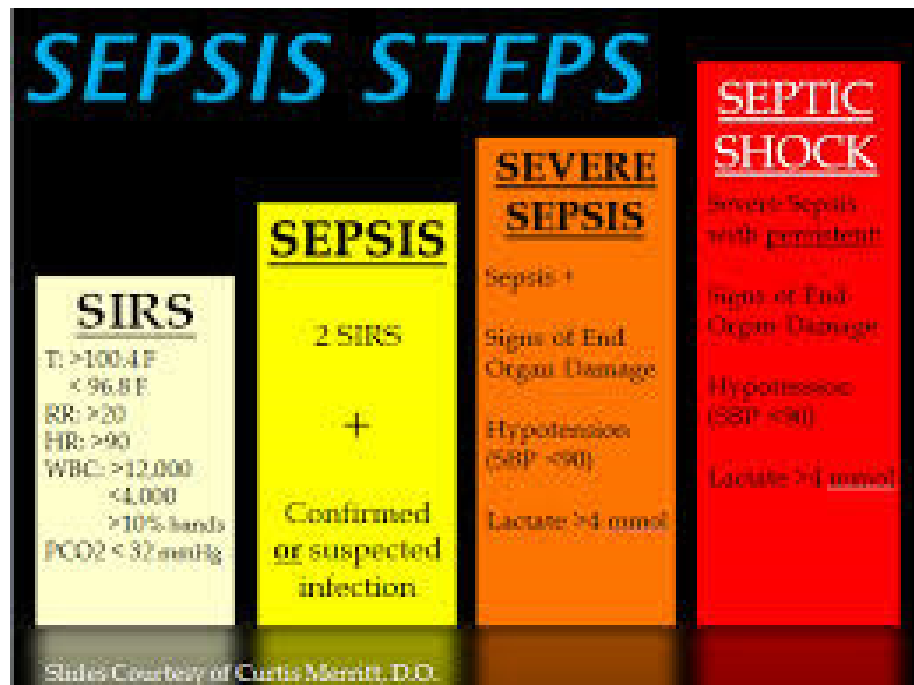
Features of severe pre-eclampsia

- Severe hypertension and proteinuria **or** mild or moderate hypertension and proteinuria with at least one of:
 - severe headache
 - problems with vision such as blurring or flashing
 - severe pain just below ribs or vomiting
 - Papilloedema
 - signs of clonus (≥ 3 beats)
 - liver tenderness
 - HELLP syndrome
 - platelet count falls to $< 100 \times 10^9$ /litre
 - abnormal liver enzymes (ALT or AST rises to > 70 iu/litre).

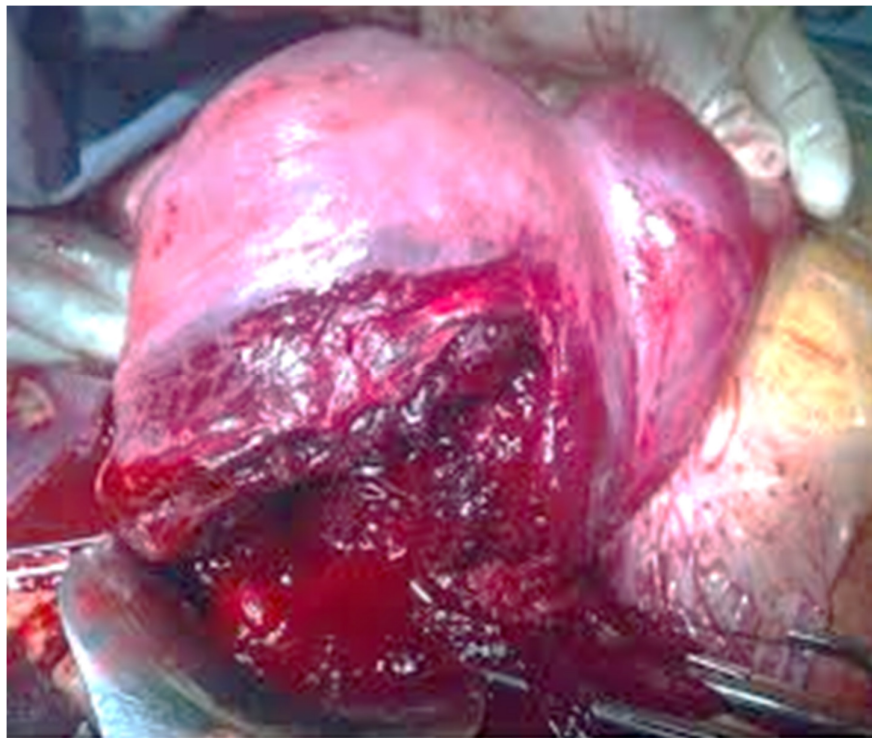
- **Eclampsia-** Generalized tonic clonic seizures in a patient without previous history of epilepsy.



- Severe systemic infection or sepsis-



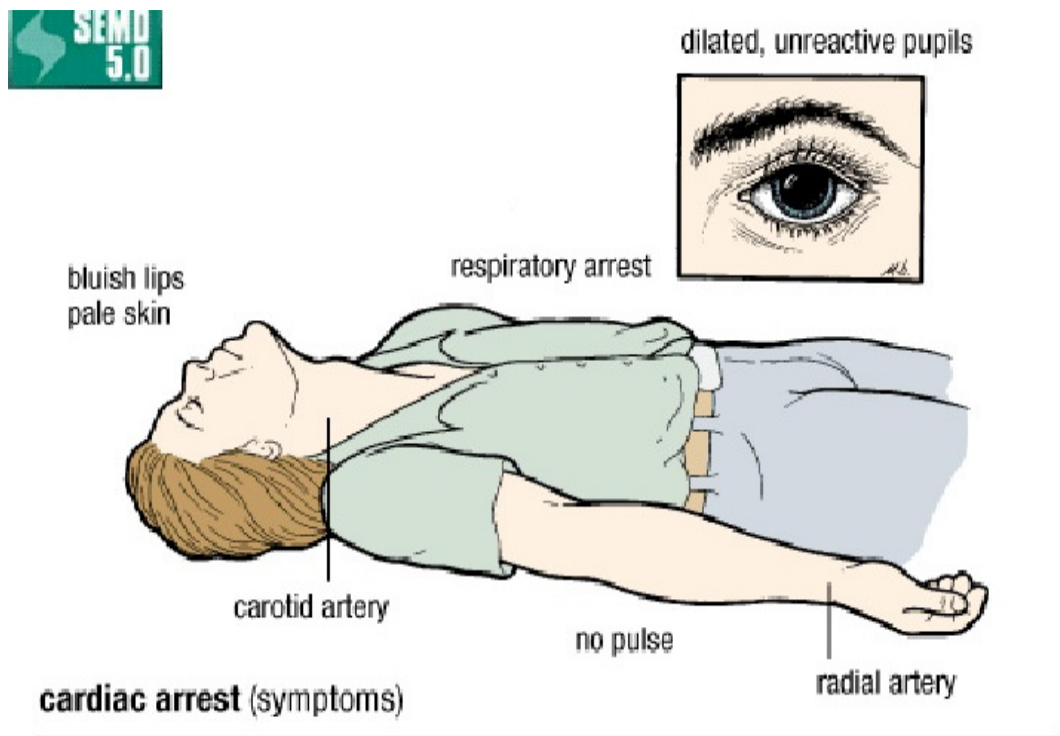
- Uterine rupture



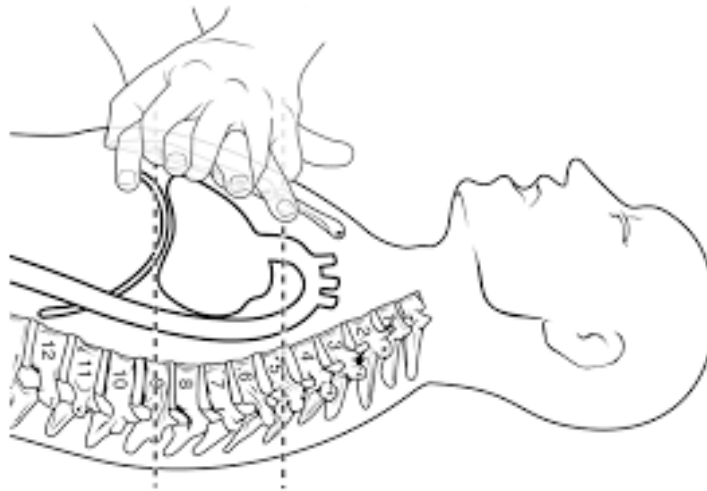
- **Acute severe azotemia**

Creatinine ≥ 300 $\mu\text{mol/l}$ or ≥ 3.5 mg/dl .

- **Cardiac Arrest**

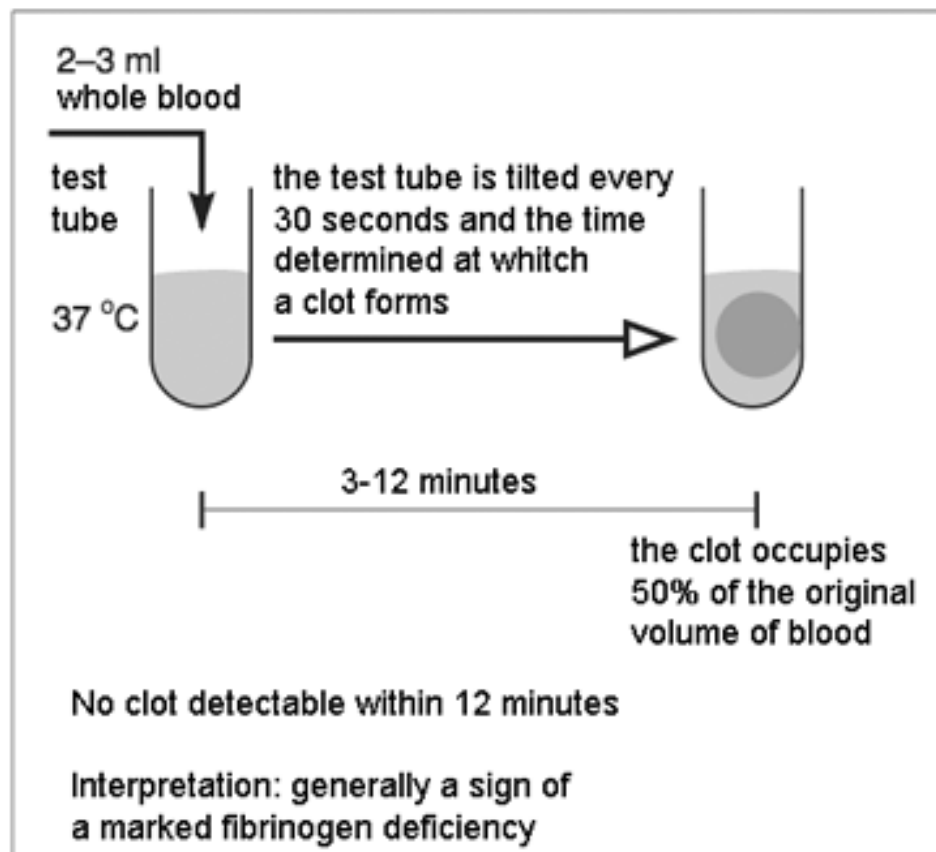


Cardiopulmonary resuscitation



DIC

1. Bedside clotting test



2.Laboratory tests

Acute thrombocytopenia(<50 000 platelets)

Low fibrinogen (<100 mg/dl)

Prolonged prothrombin time (>16s),

Elevated D-dimer (>1000 ng/dl)).

- **Gaspings:**

Terminal respiratory pattern.

- **Hysterectomy**

Surgical removal of the uterus following infection or haemorrhage.

- **Massive transfusion**

Transfusion of ≥ 5 units of PRBC.

Conditions requiring massive transfusion are follows

Uterine Atony (Tone) <ul style="list-style-type: none"> Multiparity Multiple pregnancy Previous PPH Patient factors-age>40yrs, BMI>35, Asian ethnicity Prolonged labour Placenta praevia 	Coagulopathy (Thrombin) <ul style="list-style-type: none"> Congenital bleeding disorders Acquired coagulopathies Anticoagulants Placental abruption Pre-eclampsia Sepsis Amniotic fluid embolism
Trauma/surgery (Trauma) <ul style="list-style-type: none"> Perineal or vaginal trauma Caesarean delivery Instrumental vaginal delivery Uterine rupture 	Placenta (Tissue) <ul style="list-style-type: none"> Retained placenta Morbidly adherent placenta – accreta, percreta Placental abruption Placenta praevia

- **Metabolic coma**

Loss of consciousness with the presence of glucose and ketoacids in urine.

- **Oliguria**

Not responding to fluids or diuretics

Urinary output <30 ml/h for 4 hours

<400 ml/24hours

- **Prolonged unconsciousness**

Loss of consciousness for > 12 hours

- **Severe acidosis:** a blood pH <7.1.

- **Severe acute hyperbilirubinemia**

Bilirubin >100 $\mu\text{mol/l}$ or >6.0 mg/dl.

- **Severe acute thrombocytopenia**

<50 000 platelets/ml.

- **Severe bradypnea:**

Respiratory rate <six breaths/min

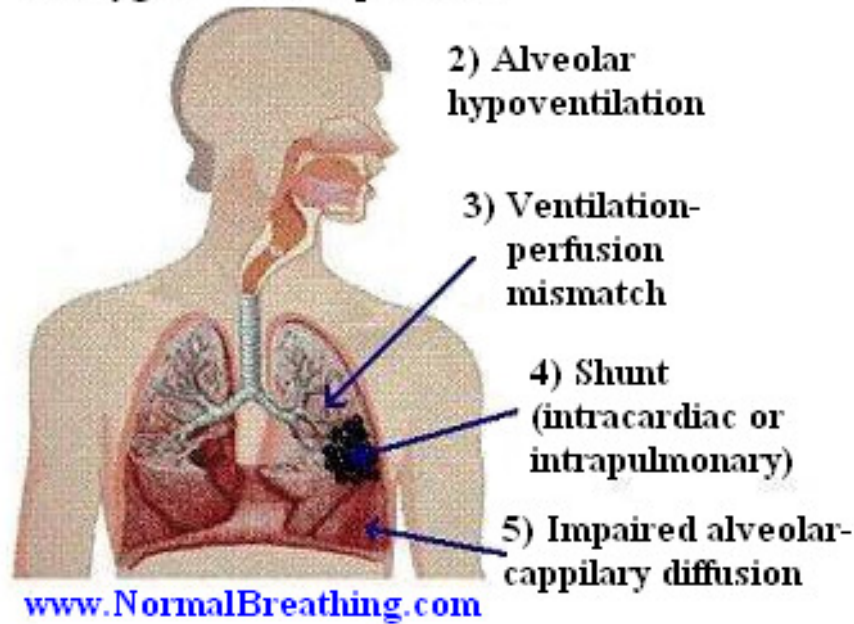
- **Severe hypoperfusion:**

Lactate >5 mmol/l or 45 mg/dl.

- **Severe hypoxemia:**

Causes of hypoxemia

1) Reduced partial pressure of oxygen in the inspired air



Oxygen saturation < 90% for ≥ 1 hour.

$PaO_2/FiO_2 < 200$.

Severe tachypnea

Respiratory rate >40 breaths/min

- **Shock:**

Persistent systolic BP <80 mmHg

With a pulse rate >100bpm

- **Total paralysis**
- **Status epilepticus.**
- **Use of continuous vasoactive drugs**

PREVALENCE OF NEAR MISS CASES

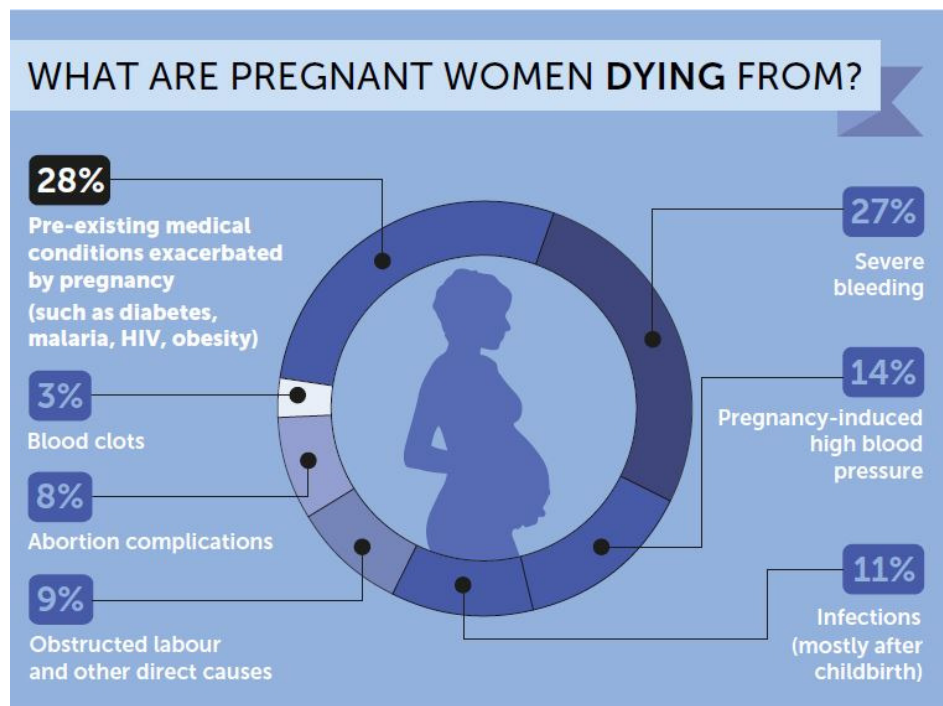
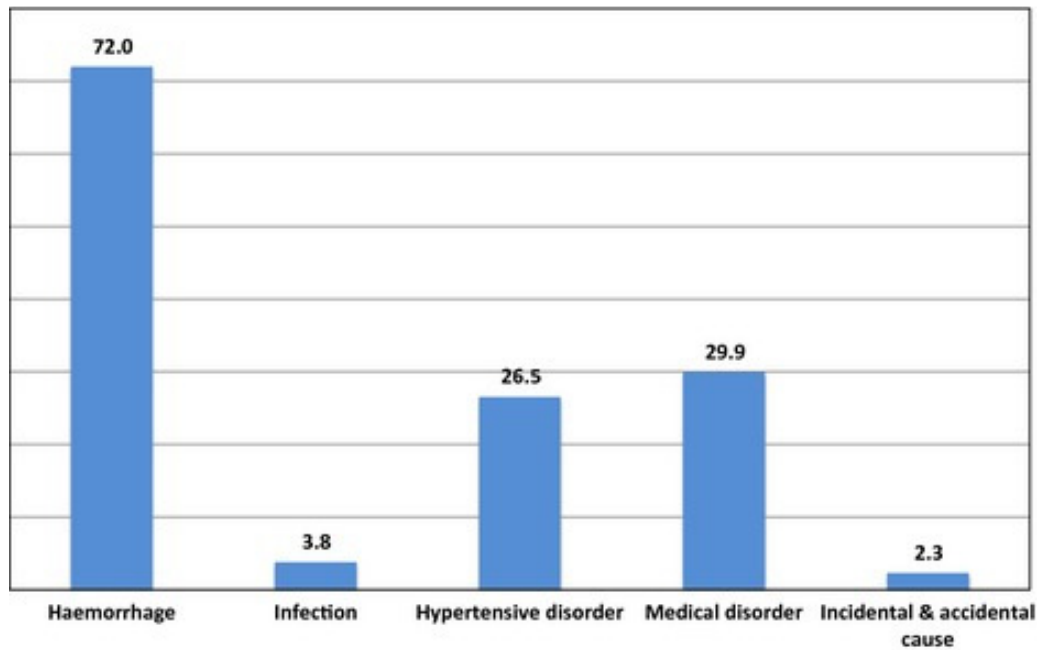
The prevalence of near miss depends upon the criteria used in the study

Disease-specific criteria	0.80% and 8.23%
Organ-system based criteria.	0.38% - 1.09%
Management-based criteria	0.01% and 2.99%

In another, recent review on articles between January 2004 and December 2010

Disease-specific criteria	0.6% and 14.98%
Organ-system based criteria.	0.14% and 0.92%
Management-based criteria	0.04% and 4.54%

C Purandhare et al ,Sep 2014 · BJOG show common causes of near miss cases in the following picture

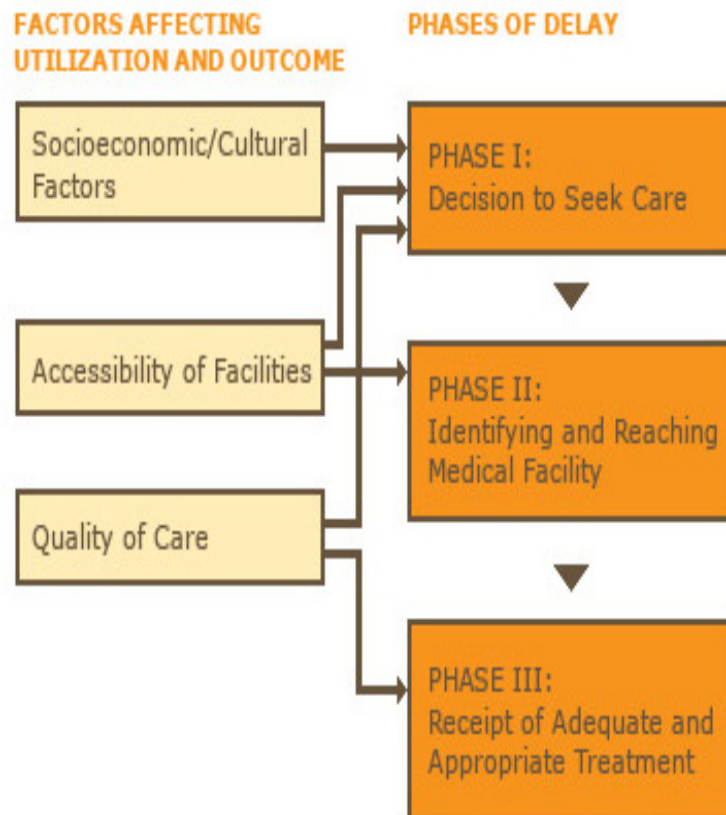


Causes of both near miss and mortality cases are similar

“Leading cause of maternal deaths in developing countries is hemorrhage, while **Anemia** was reported as cause of death in 12.8% deaths in developing countries and none in the developed countries. Anemia contributes to maternal morbidity and mortality significantly in our country also”.

DELAYS IN MATERNAL HEALTH CARE

Three delays in health care seeking have been noticed which contributes to severe maternal life threatening complications and death.



First delay

‘ Delay in seeking health care by the woman and/or her family due to lack of awareness

Failure to recognize danger signs or there is lack of support of the family’.

Second delay

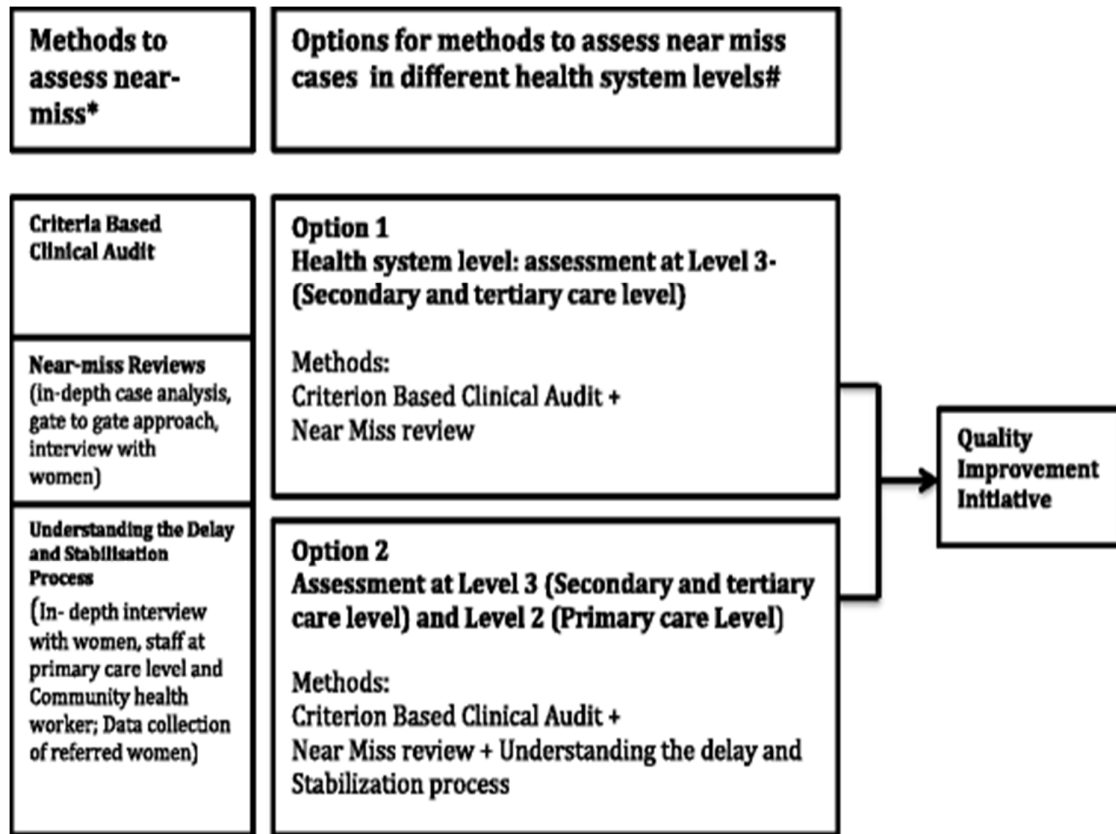
‘Delaying in reaching a health-care facility due to inaccessibility in view of long distance, lack of transport’

Third delay

‘Failure to achieve proper care at the health facility due to wrong diagnosis, clinical decision-making, lack of staffs and medicines’.

In developing countries, 75% of women with SAMM cases are in a critical condition upon arrival, denoting the importance of the first two delays.

MATERNAL NEAR MISS REVIEW

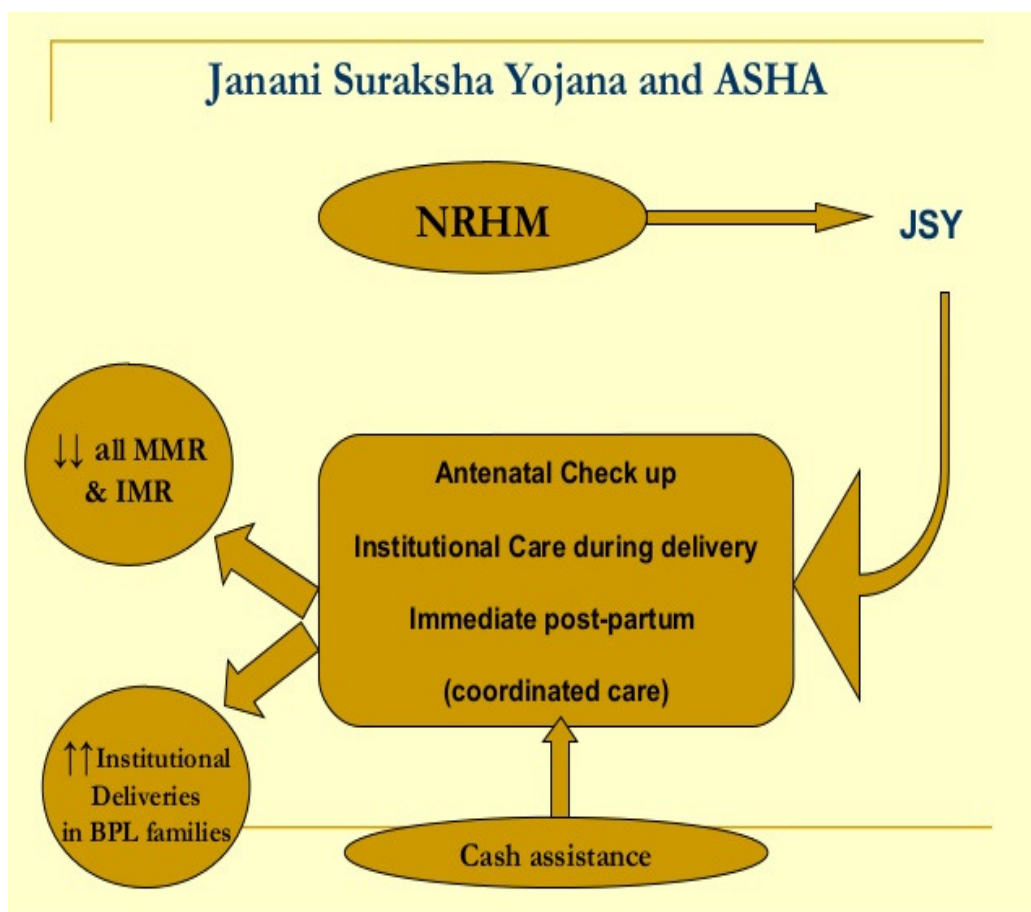


Quality of Care and Maternal Near Miss

“According to the WHS(World health statistics) 2011, the deliveries by skilled birth attendant rose from 58% to 68% from 1990-2008”

Policy changes in India:

- Promotion of institutional births
- Delivery by skilled birth attendants and
- Provision of Emergency Obstetric Care.



ADVANTAGES OF NEAR MISS APPROACH

- To evaluate and strengthen the quality of health care in a community
- To identify health system failures
- To identify the trends and pattern of SAMM cases.
- To strengthen the referral system and the clinical interventions available

‘MATERNAL NEAR MISS INDICES’

‘Live birth’

‘Severe maternal outcome/ Women with life-threatening conditions

Life-threatening condition =maternal deaths + maternal near-miss cases.

$$\text{WLTC} = \text{MNM} + \text{MD}'$$

‘Severe maternal outcome ratio (SMOR)

Number of women with life-threatening conditions (MNM + MD) per 1000 live births (LB). This denotes the amount of care and resource needed in a health facility

$$\text{SMOR} = (\text{MNM} + \text{MD})/\text{LB}'$$

‘MNM ratio (MNMR)

Number of maternal near-miss cases per 1000 live births

$$\text{MNMR} = \text{MNM/LB}'$$

‘Maternal near-miss mortality ratio (MNM : 1 MD)

Ratio between maternal nearmiss cases and maternal deaths.

Higher ratios indicate better care’.

‘Mortality index

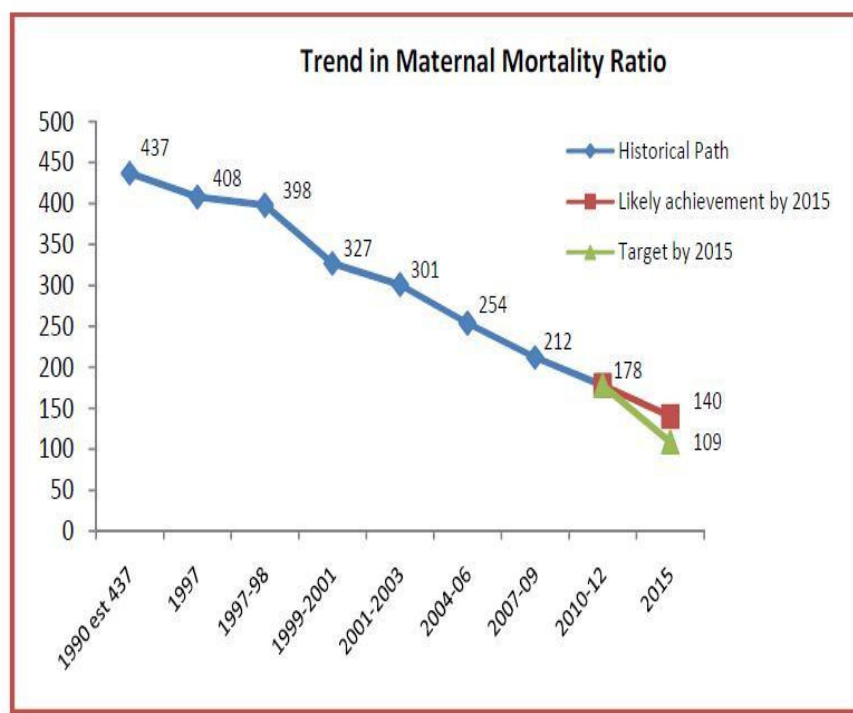
Number of maternal deaths divided by the number of women with
life-threatening conditions

$$\text{MI} = \text{MD}/(\text{MNM} + \text{MD})$$

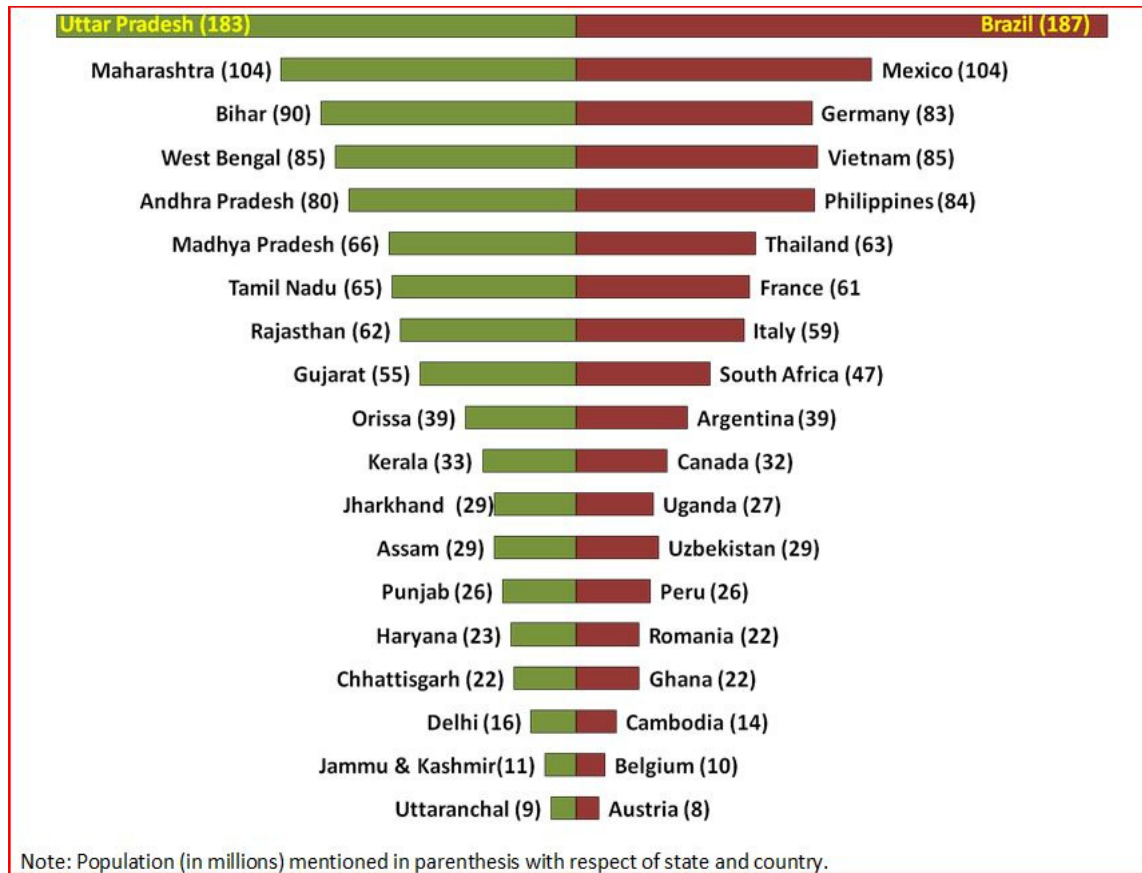
Higher index denotes low quality of health care’.

‘Maternal mortality ratio (MMR)

Number of maternal deaths in a given period divided by 100,000 live births during the same period’.



Source: Sample Registration System, Office of Registrar General of India



The above picture shows the comparison of MMR of indian states with other countries.

EMERGENCY OBSTETRIC CARE (EmOC)

“BmOC-BASIC EMERGENCY OBSTETRIC CARE

Antibiotics

Oxytocics

Administer parenteral anticonvulsant for preeclampsia and eclampsia

Manual removal of retained products (MVA)

Perform aAssisted vaginal delivery”

“Comprehensive Emergency obstetetic

All 1-6 functions in the basic EmOC plus

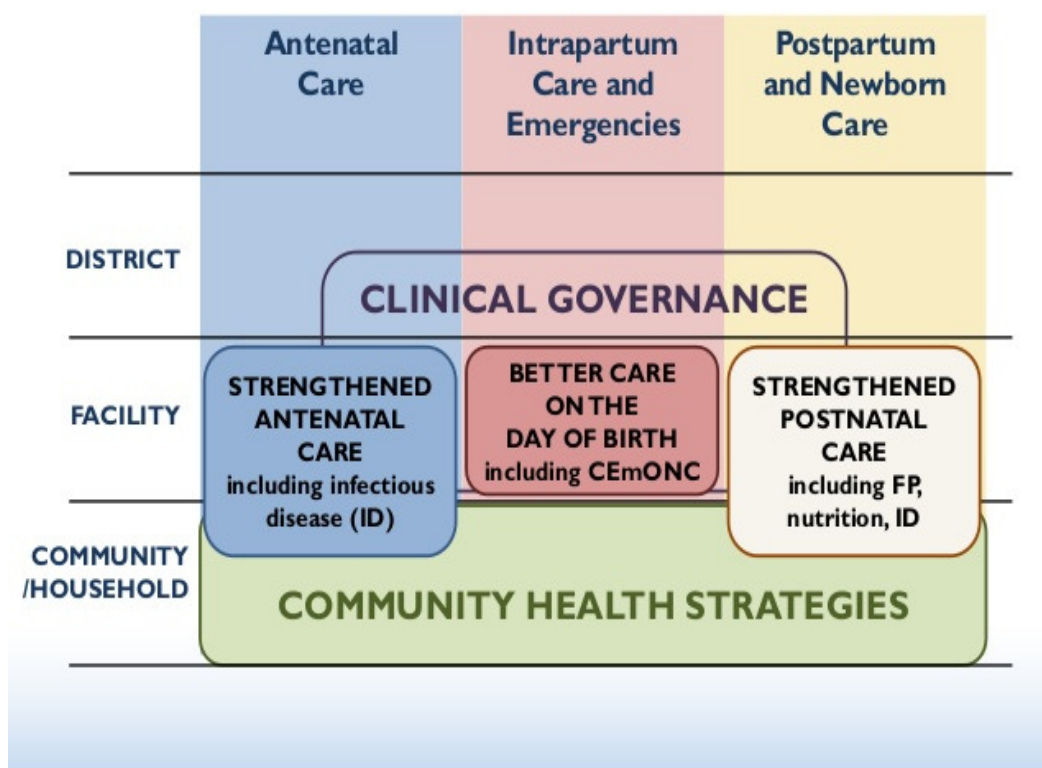
Surgery(caesarean section)

Blood transfusion”

State of Tamil Nadu –achieves MMR-71/100000 live birth by improving maternal outcome utilising EmOC services.

PREVENTION OF MATERNAL DEATH

Multidimensional Management



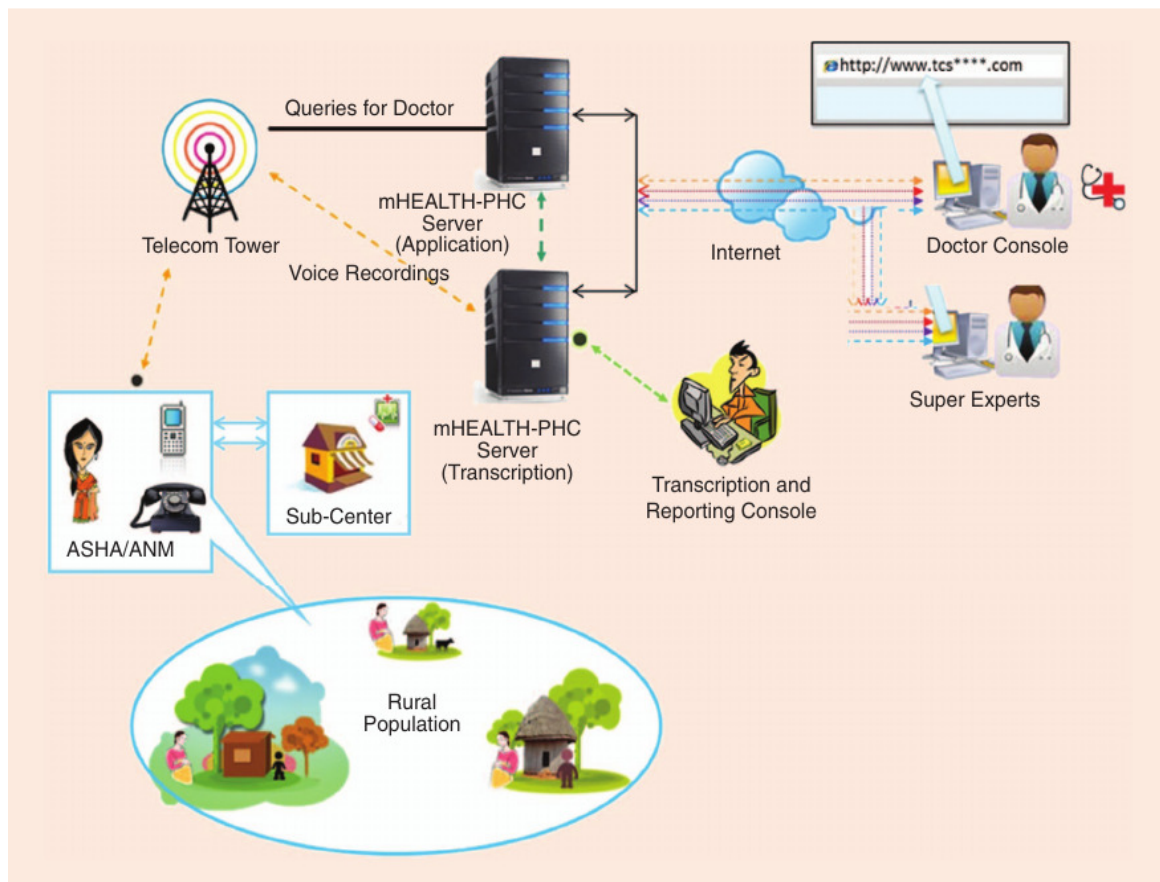
Levels of health care

Primary health care provided at community level

Secondary health care provided at PHC,CHC,DH,etc.,

Tertiary health care provided at hospitals.

More number of complications occurs in cases in whom delivery was conducted outside which indicates that there is **still a lot to improve the maternity services at the primary level**.



The rural health care providers should create awareness in the community and should work still more to improve primary level maternity care .

- Accredited social health activists(ASHA)
- Midwives
- Other health care providers

NEED FOR THE STUDY

Every year in India

Incidence of SAMM - 12/1000 births.

Thus SAMM cases continuous to have huge impact on the lives of Indian women. Maternal death to near miss ratio and case fatality ratio are the main indicators of SAMM. There is continued need to identify near miss cases to assess the quality of health care. Analyzing near miss cases can strengthen the understanding of the disease progression that ultimately kills women and their by empower us to prevent maternal death.

METHODOLOGY

- It is a prospective observational study conducted in the Department of Obstetrics and Gynecology, Raja Mirasudhar Hospital, Thanjavur.
- Patients who met the WHO inclusion near miss criteria during the period August 2015 to July 2016 were included in the study.
- Data input is done with a proforma prepared for the study.

WHO INCLUSION CRITERIA

- Cases who met WHO near miss criteria- 2009
- Maternal death during the study period was analysed.
- Not restricted by gestational age.
- Women who were brought dead (major delay in accessing care)

EXCLUSION CRITERIA

“Women those who develop such conditions unrelated to pregnancy (not during pregnancy or 42 days after termination of pregnancy”.

CHARACTERISTICS INCLUDED IN THE STUDY

- Age
- Parity
- Gestational age at admission
- Booking status
- Investigation for anemia, septicemia, eclampsia and for organ dysfunction/failure.
- Timing of maternal events
- Interventions (surgery /ICU care) taken
- Neonatal outcome
- Mode of delivery
- Underlying causes of maternal death

- “The following near miss indices were calculated.
 - (1) MNM incidence ratio ($MNM\ IR = MNM/LB$).
 - (2) Maternal near miss mortality ratio(MNM: 1MD).
 - (3) Mortality index.
- Evaluation of those factors related to near miss cases and maternal death identifies the exact causes and its management in its early stage and prevent death.
- From the findings of our study, maternal death can be reduced by following proper management protocols”

RESULTS AND OBSERVATIONS

“Number of deliveries in the study period- 14389 .

Number of live births-14257.

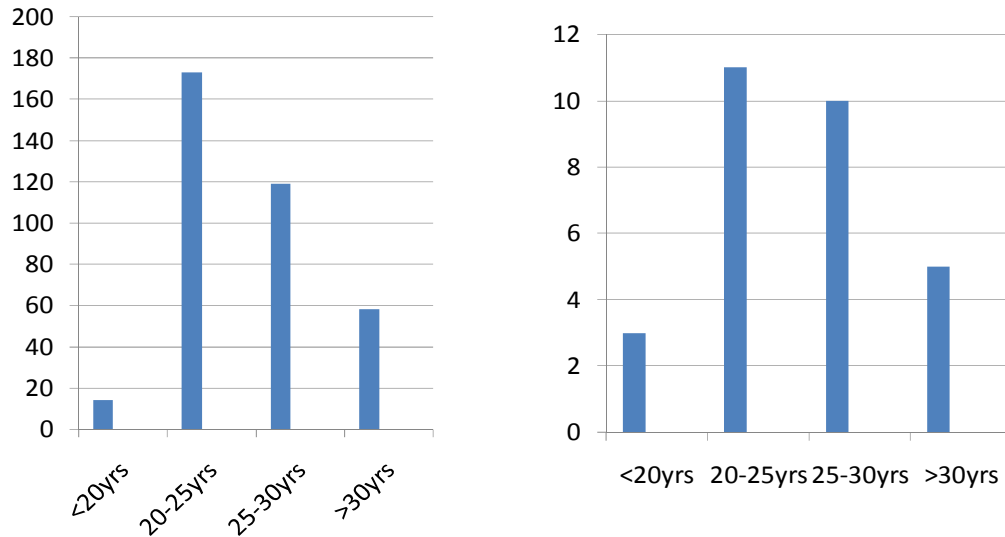
Number of near miss cases - 364

Number of maternal deaths – 29

Severe maternal outcome cases – 393”

AGE DISTRIBUTION

Near miss vs maternal death



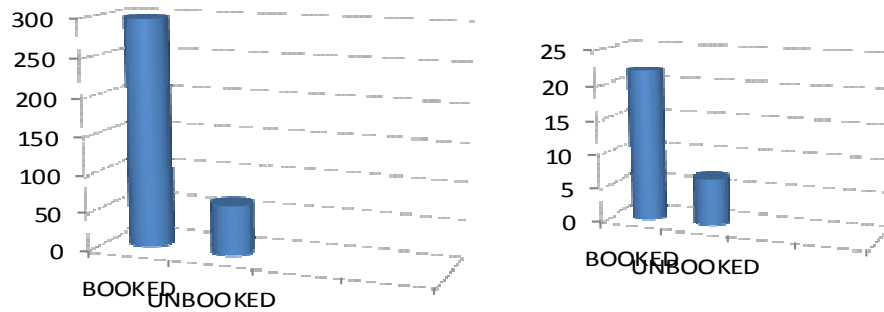
- “In the near miss group, the commonly affected age group were 20 to 25 years (39%).
- In the mortality group, 37% cases were in age group of 20-25 years and 17% cases were more than 30 years of age.
- Teen age pregnancy contributes 4% of severe maternal outcome”

AGE DISTRIBUTION

Age	Near miss		Maternal death	
	N=364	%	N=29	%
<20yrs	14	3	3	1
20-25yrs	173	39	11	37
25-30yrs	119	32	10	34
>30yrs	58	15	5	17

BOOKING STATUS

Near miss vs maternal death



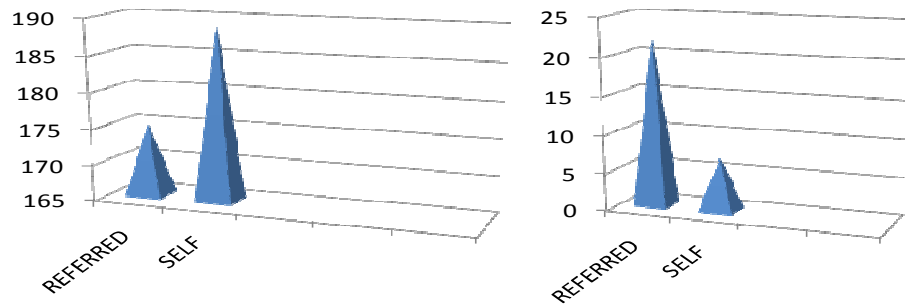
“18% of near miss cases and 25% of the death cases were unbooked.

It indicates the importance of regular antenatal visits”.

Booking status	Near miss		Maternal death	
	N=364	%	N=29	%
Booked	298	81	22	75
Unbooked	66	18	7	25

REFERRAL STATUS

Near miss vs maternal death



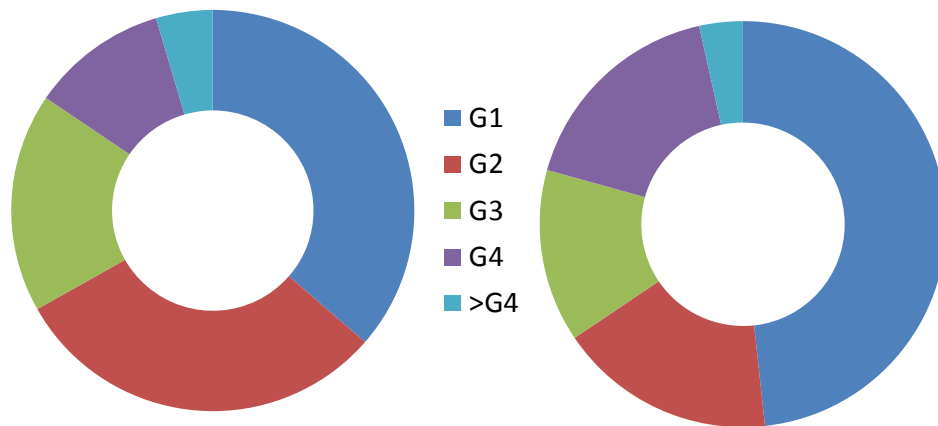
“175 (49%) women in the near miss and 22 (76%) women in the mortality group were referral cases.

Hence late referrals played an important role in the contribution of life threatening maternal complications”

Referral status	Near miss		Maternal death	
	N=364	%	N=29	%
Referred	175	49	22	76
Self	189	51	7	24

PARITY DISTRIBUTION

Near miss vs maternal death



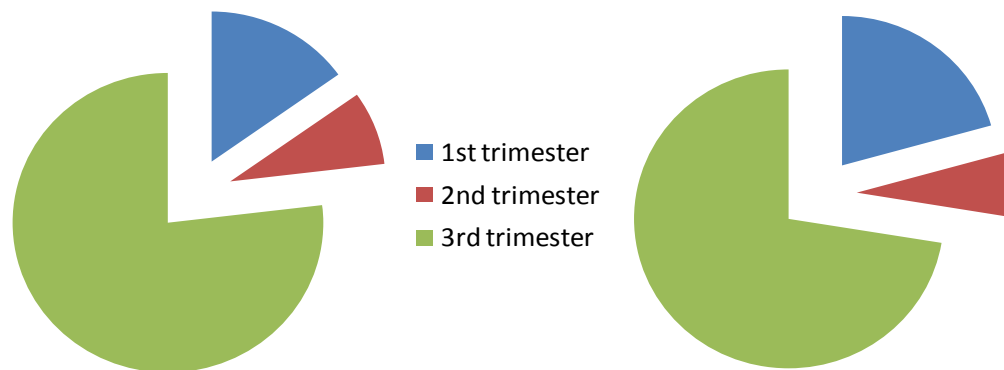
- “In the near miss group, 37% cases were primi and the rest were multiparous.
- In the mortality group 48% were primi and the rest multiparous.
- Grand multiparity contributes 7% of life threatening maternal complications”

PARITY DISTRIBUTION

PARITY	NEAR MISS		MATERNAL DEATH	
	N=364	%	N=29	%
G1	136	37	14	48
G2	114	31	5	17
G3	66	18	4	15
G4	41	11	5	17
>G5	17	4	1	3

GESTATIONAL AGE

Near miss vs maternal death



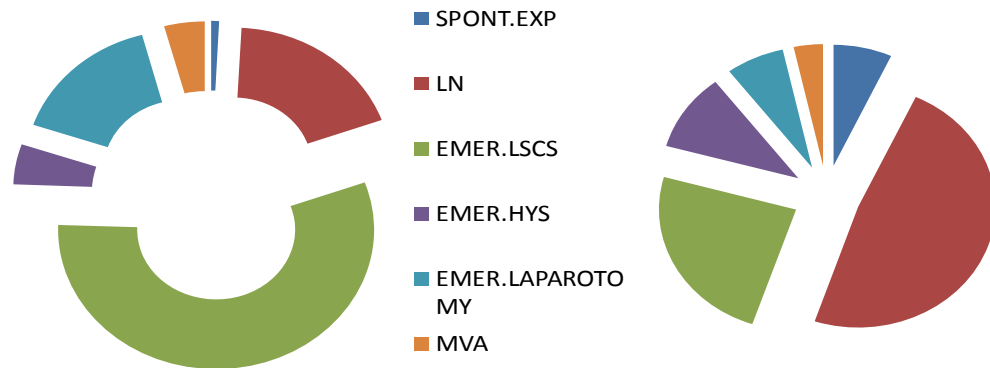
“In the near miss group, 203 cases (85%) were in the third trimester and similarly in the mortality group, 74% of death occurs in the third trimester which denotes that most of the pregnancy complications occurs in the last trimester of pregnancy”.

GESTATIONAL AGE

GA in trimester	NEAR MISS		MATERNAL DEATH	
	N=364	%	N=29	%
1	40	10	6	20
2	21	5	2	6
3	203	85	21	74

MODE OF DELIVERY

Near miss vs maternal death



“ Most of the nearmiss cases are delivered by emergency LSCS(56%) and 16% of the cases required emergency laparotomy

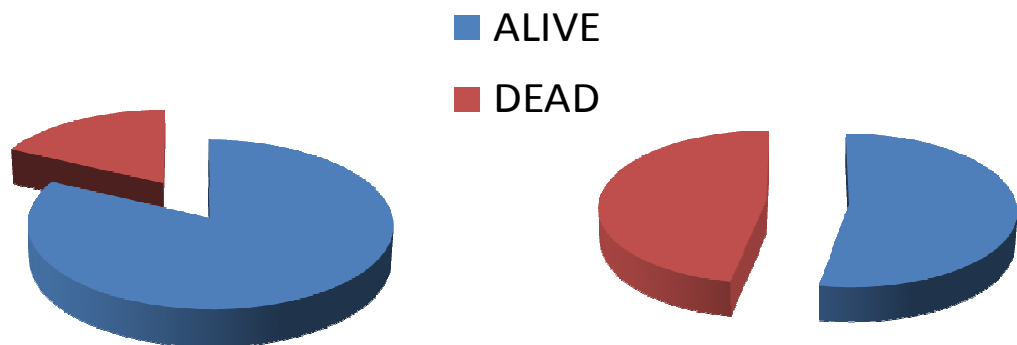
In the mortality group most of them had labour natural.10% required laparotomy”.

MODE OF DELIVERY

MODE OF DELIVERY	NEAR MISS		MATERNAL DEATH	
	N=364	%	N=29	%
SPON.EXPULSION	3	1	2	6
LABOUR NATURAL	68	19	14	48
EMER.LSCS	204	56	7	24
EMER.LAPAROTOMY	57	16	3	10
MVA	15	4	2	6
EMER.HYSTEROTOMY	17	4	1	3

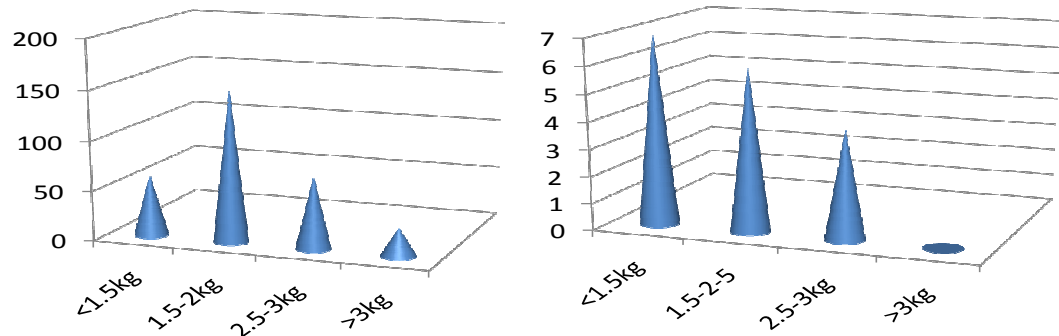
NEONATAL OUTCOME

Near miss vs maternal death



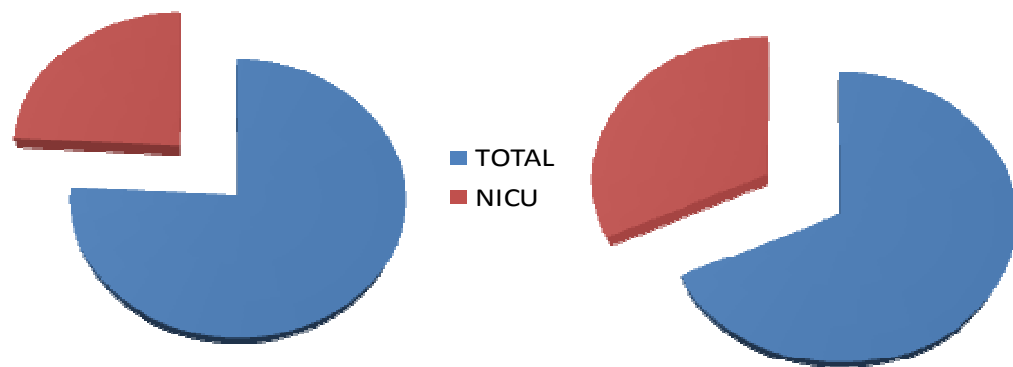
“In the near miss group ,70% cases had live birth, 15% cases had still birth and 15% cases had abortive outcome.In the mortality group,58% cases had live birth and 42% cases had still birth”.

BIRTH WEIGHT Near miss vs maternal death



Most of the babies were of birth weight 1.5-2.5kg in the near miss group.

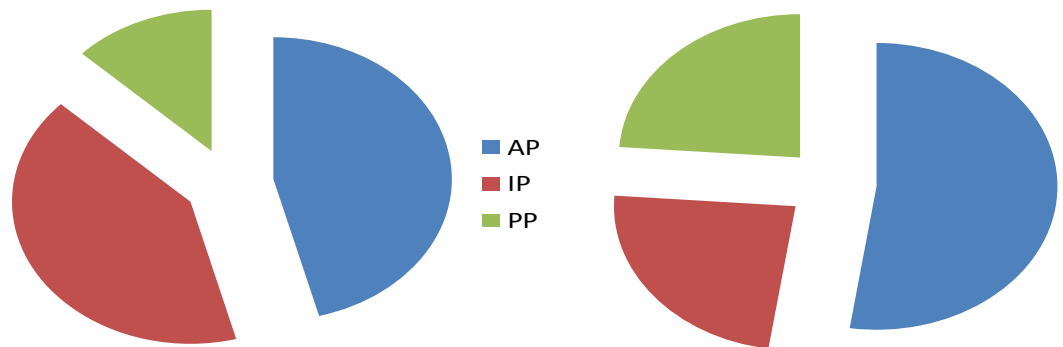
NICU ADMISSION Near miss vs maternal death



“31% and 48% of babies in near miss and mortality group respectively required NICU admission”.

NEONATAL OUTCOME		NEAR MISS		MATERNAL DEATH	
		N=312	%	N=17	%
ALIVE		257	70	9	52
DEAD		55	15	8	48
MALE		153	49	8	48
FEMALE		159	51	9	52
BIRTH WEIGHT	<1.5kg	61	19	6	35
	1.5-2.5kg	151	48	5	29
	2.5-3kg	72	23	6	35
	>3kg	28	8	0	0
NICU ADMISSIONS		99	31	8	48

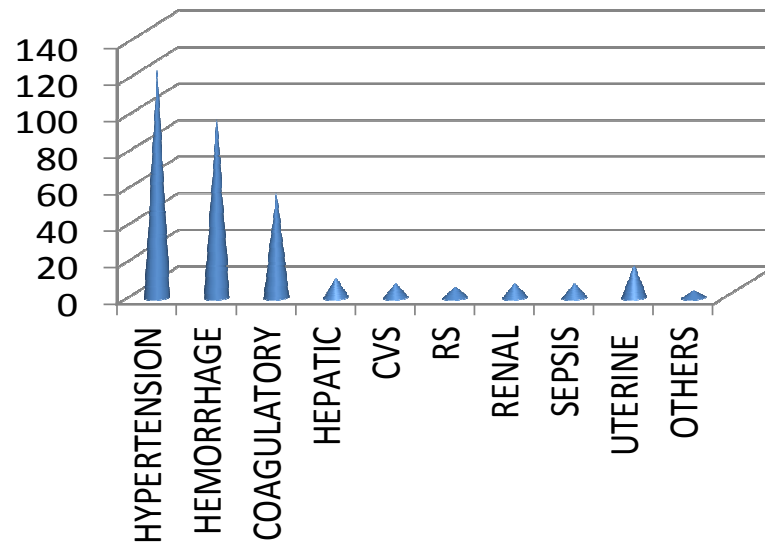
TIME OF EVENT Near miss vs maternal death



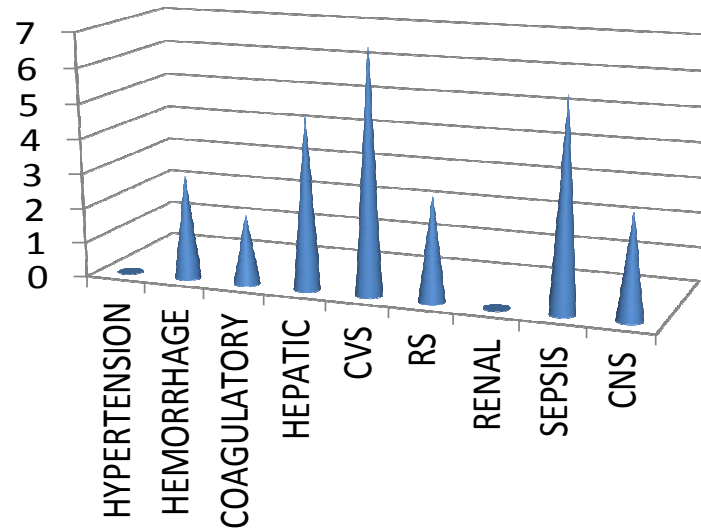
TYPE OF MATERNAL EVENT	NEAR MISS		MATERNAL DEATH	
	N=364	%	N=29	%
ANTEPARTUM	167	43	19	66
INTRAPARTUM	150	41	5	17
POSTPARTUM	47	12	5	17

“Most of the events occur in the antepartum(43%) and Intrapartum (41%) period in the near miss group”.

TYPE OF ORGAN DYSFUNCTION



NEAR MISS



MATERNAL DEATH

“In our study, common cause of near miss events were **hypertensive disorders, haemorrhage** and coagulatory dysfunction responsible for 37% ,27% and 15% cases respectively”.

“Antepartum and postpartum hemorrhage contributes 21 % of near miss events”.

“Cardiovascular dysfunction occurs in 8 cases(2%) ,hepatic dysfunction in 8 cases (2%) and respiratory dysfunction in 6 cases(2%) and uterine dysfunction leading to hysterectomy in 18 cases (4%)”.

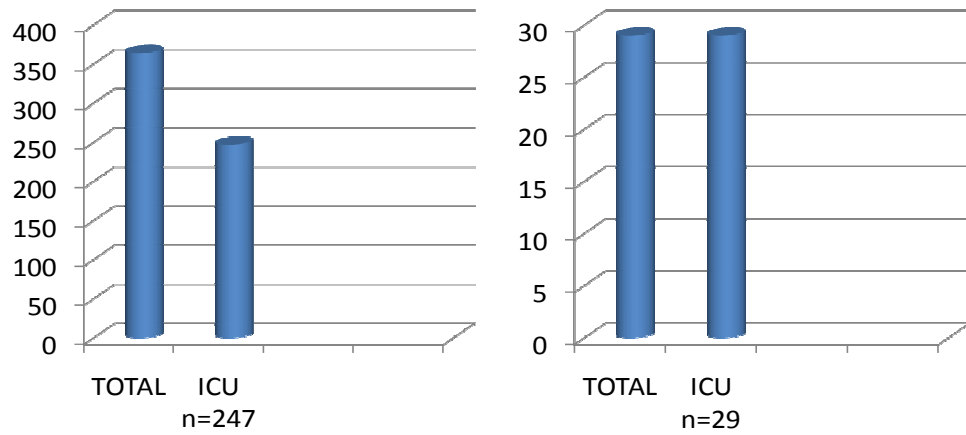
Combination of two or more complications occurs in some cases. Such common combinations were anemia with severe preeclampsia and anemia with rheumatic heart disease ,etc.,

In the mortality group, cardiovascular disease and sepsis responsible for 24% and 20% cases respectively. Severe anemia contributes 2% of near miss and 6% of mortality cases .

DISEASE/TYPE OF DYSFUNCTION	NEAR MISS		MATERNAL DEATH		MORTALITY INDEX %
	N=364	%	N=29	%	
HYPERTENSION	125	34	0	-	1
HEMORRHAGE	99	27	3	10	2
COAGULATORY	58	15	2	6	3
HEPATIC	11	3	5	17	31
CVS	5	1	7	24	46
RS	6	2	3	10	33
RENAL	8	2	0	0	0
SEPSIS	8	2	6	20	42
UTERINE	18	4	0	-	0
ANEMIA	8	2	2	6	33

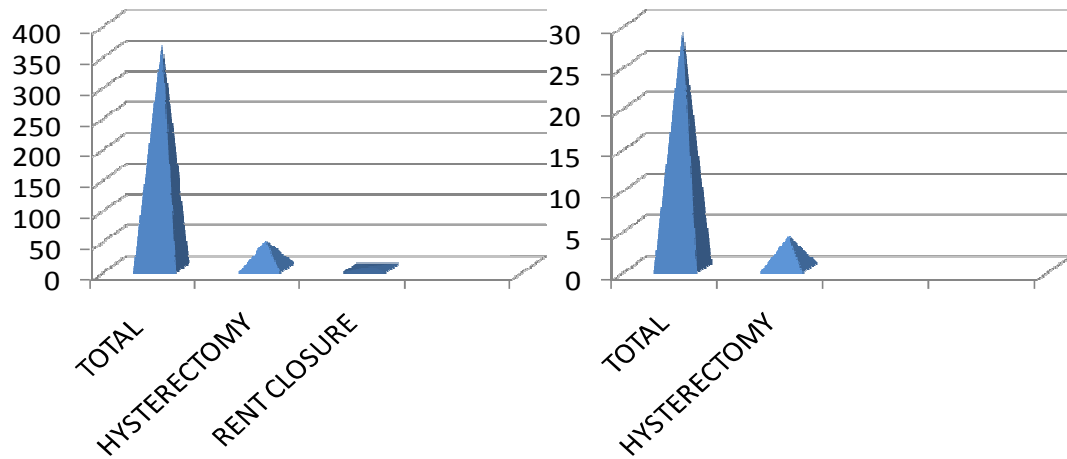
ICU STAY

Near miss vs maternal death



Most of the near miss(67%) cases required ICU admission. Almost all cases in the mortality group need ICU care.

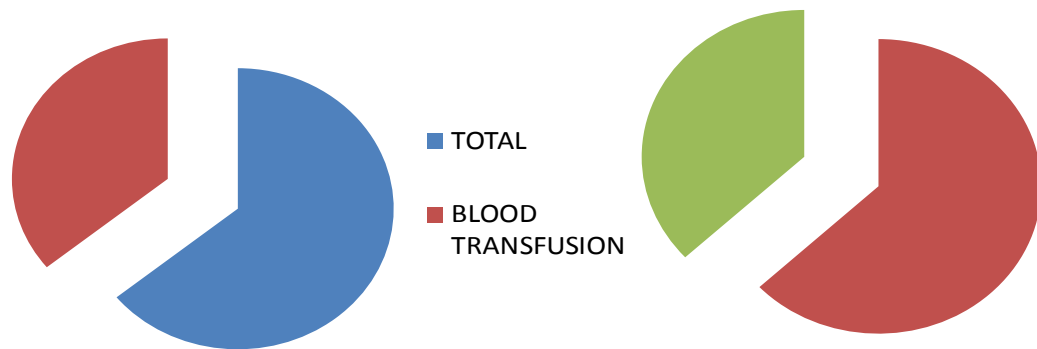
NEED FOR SURGICAL INTERVENTION Near miss vs maternal death



45 cases requires hysterectomy and rent closure was done for 5 cases in the nearmiss and hysterectomy in 4 cases in the mortality group.

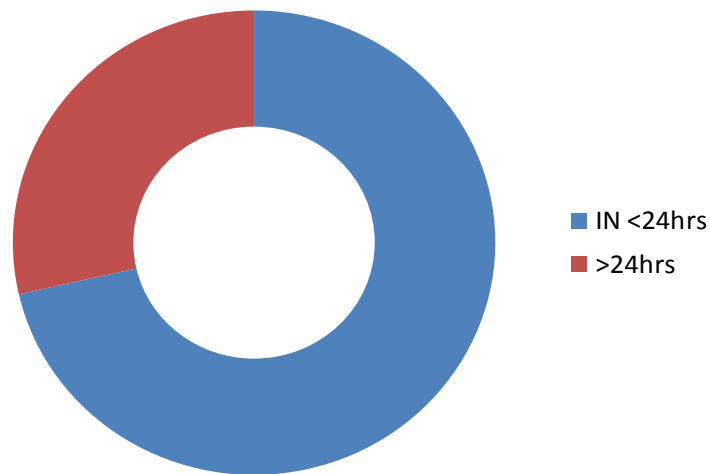
NEED FOR BLOOD OR BLOOD PRODUCTS

Near miss vs maternal death



64% near miss cases and 48% of cases in the mortality group requires > 4 units PRBC and blood product transfusion to correct hemorrhagic and non-hemorrhagic anemia.

MATERNAL DEATH



In our study , 27% of the cases died within a day of hospital admission.

“Maternal near miss indicators”

The following are the results of the indicators related to maternal health derived from the study.

<p><i>1. Total woman with life threatening complication (WLTC) was 393.</i></p> <p><i>Maternal near miss (MNM) was 364cases</i></p> <p><i>Maternal death (MD) was in 29 cases.</i></p>
<p><i>2. Total live birth (LB) was 14257.</i></p>
<p><i>3. Maternal near miss ratio (MNMR) was 25/1000 live birth.</i></p>
<p><i>4. Severe maternal outcome ratio (SMOR) is 27/1000 live birth.</i></p>
<p><i>5. Maternal near miss mortality ratio is 12.5:1</i></p>
<p><i>6. Mortality index was 7%.</i></p>
<p><i>7. Maternal mortality rate is 203/ 1, 00,000 live births”</i></p>

DISCUSSION

“The quality of obstetric care can be analysed by evaluating maternal mortality cases. The need to analyse the quality of maternal health care is important for investments in the obstetric health care services”.

“The sequence from good health to death in a pregnant woman is a clinical insult, followed by a systemic inflammatory response, organ failure and finally death”(Pattinson et al,2003)

The advantages of evaluating near miss cases over maternal death are

- Nearmiss cases are more in number than maternal mortality cases.
- By reviewing nearmiss cases ,useful informations about the factors leading to maternal morbidity and mortality can be obtained.
- Identifying the prevalence of nearmiss and mortality cases in various geographical areas of the world.
- One can learn from the nearmiss cases about the quality of care given at the institution.
- And moreover maternal death are the tip of iceberg of the maternal morbidity.

“Therefore study of maternal near-miss cases is now of growing importance to determine the factors related to maternal death”.

“In our study, life threatening complications including death occurs in 2% of all deliveries during the study period which denotes one out of every 35 patients admitted in our hospital suffer from life threatening complications”.

Our study	2% of all deliveries
Developing countries	4-8%
Developed countries	1%

“In our study, the near-miss to maternal mortality ratio was 12.5:1. This indicates that for every 12 women saved, one died because of a life threatening complications”.

MNM:MD in our study	12.5
In other Indian studies	5-10
European countries	117-223
Niger	11

“This ratio indicates the standard of obstetric care that our hospital provides.

Mean age affected in our study was 22-25yrs. One study in Pakistan showed that the mean age affected in both the group was 28 ± 5 yrs”

“ Our study found that 25% of maternal mortality cases were unbooked.It indicates the significance of regular antenatal check ups.To increase the booking status ,public awareness to be created at the community level”.

Nearly 50% of near miss and 76% of mortality cases were referred from nearby PHC and GH. Poor utilization of available health services by the patient, traditional beliefs practices like preference of home delivery from traditional birth attendants, poor transport facilities , late referrals from primary health care centres where overenthusiastic attempts are made to deliver vaginally in suboptimal condition are the reasons for late referral. “Thus earlier referral of the complicated cases to tertiary care hospital is very important to reduce the number of near miss and maternal mortality”.

“In our study, primi cases contributes more of the near-miss and mortality events than the multiparous.

It may be due to

- Lack of awareness about the pregnancy complications
- severe preeclampsia and eclampsia is more prevalent in the primi cases”.

“In our study most of the life threatening complications occur in the third trimester of pregnancy which includes intrapartum period also.

Hence regular antenatal checkups from conception till delivery is very important in the prevention, earlier diagnosis and treatment of obstetric complications”

“Most of the patients with life threatening complications were delivered by emergency caesarean section. This is similar to the studies conducted by Adeoye IA et al and Norhayati MN et al”.

“**Hypertensive disorder** of pregnancy (severe pre-eclampsia and eclampsia) is the most common cause (34%) of maternal morbidity in our study.

Case fatality rate due to eclampsia is very low in our institution as we are using MgSO₄ in all cases”.

“Hemorrhage(PPH/ruptured ectopic/incomplete abortion) is the second most common cause (27%) of maternal near – miss and mortality. In our institution we are following proper protocol for the management of hemorrhagic and non hemorrhagic anemia.Only 2% of deaths are due to antepartum and postpartum hemorrhage.That too because of late referrals from peripheries.Incidence of intramural death due to hemorrhage is very low in our institution.

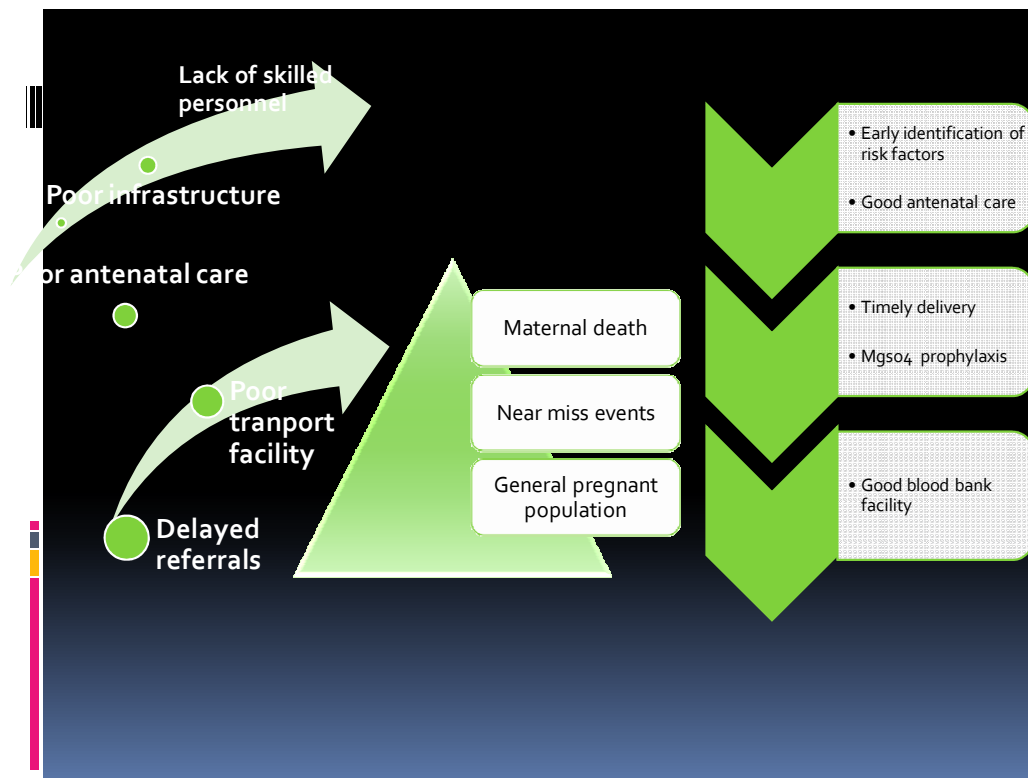
Almost all studies concluded that hypertensive disorder and obstetrical hemorrhage are the common causes of near miss and mortality .

“Anemia and rheumatic heart disease leading to congestive cardiac failure and pulmonary oedema were the most common causes (46%) of maternal mortality in our study”.

“Organ system dysfunction was present in 78.8% of the near miss cases and in all mortality cases. Hepatic ,cardiovascular,renal dysfunction and uterine rupture were commonly involved in the study. This is comparable to a study in Nigeria and another study done by Gandhi . **There was no mortality due to uterine rupture and all cases were managed successfully in our institution.** This implies that a good quality treatment is secured to these patients in our hospital”.

The following table shows the comparability of maternal near miss indicators with other studies,

STUDIES	HOSPITAL SETTING	MNMR	SMOR	MNM:MD	MI	MMR
Our study	Tertiary hospital, Thanjavur	25	27	12.5	7%	203
HMD Sarma et al	FAAMCH, Barpeta 2015	42.1	52.7	3.9	20.4%	1085
Maysoon Jabir et al	Teaching hospital Baghdad, Iraq,2010	5.06	69	9	11.03%	-
Ellen JT Nielssen et al	Bagdadh iraq 2012	23.6	27.1	6.75	12.9%	-
Priyanka kalra et al	Western rajasthan, India, 2014	4.18	-	2.07	-	202
Roopa et al	Tertiary hospital, India,2012	17.8	-	5.6	14.9%	
Sangeetha gupta	Tertiary hospital, India,2015	3.98	5.17	5.4	22.8%	



“More number of complications occurs in cases in whom delivery was conducted outside which indicates that there is **still a lot to improve the maternity services at the primary level.** The rural health care providers should create awareness in the community and should work still more to improve primary level maternity care” .

“In our study stillbirth is more in both groups (17 vs 48%) indicates that it may be due to the complication itself or the foetus is compromised in such obstetric emergency situation.

More number of deaths occur within a day of admission indicates that majority of the cases were in a very critical stage during admission itself 64% of near miss cases and 48% of mortality cases >4 units of PRBC and blood products transfusion to correct hemorrhagic and non hemorrhagic anemia.

Hence anemia is considered as an important cause and contributor to maternal mortality and severe maternal morbidity”.

CONCLUSION:

“Our study shows that out of 393 women with life threatening complications, though 29 cases died, there were another 364 cases who were saved from the dreadful complication due to the effective management provided in our setup which supports the view that near-miss cases provide a larger sample to analyse the maternal health.

But the high incidence of near-miss to maternal mortality indicates that a significant proportion of critically ill patient still die of these complication. This may be due to more number of late referrals from nearby PHC and GH.

Our study concludes that training of health care providers to fight against the life threatening situations at primary level, early referral to tertiary care hospital, following standard protocols in the management of near miss cases is very crucial in the prevention of maternal death”.

SUMMARY

“The study was conducted in the department of obstetrics and gynaecology, Raja Mirasudhar Hospital, Thanjavur Medical college, during August 2015 to July 2016.

Number of deliveries in the study in our institute were 14389.

Number of live births in the study period were 14257.

Mean age of patient in the nearmiss (39%) and mortality group (37%) were 25 to 30 years.

66 women (18%) in the near miss and 7 women (25%) in the mortality group were unbooked.

175 (49%) women in the near miss and 22 (76%) women in the mortality group were referral cases.

Most of the cases (37%) were primi in both groups.

Most of the nearmiss (55%) events occur in the third trimester and in the intrapartum period.

Most of the nearmiss cases(56%) were delivered by emergency caesarean section. 48% Of the mortality group were delivered by labour natural.

31% of neonates in the nearmiss group and 48% of mortality group requires NICU admission.

Hypertensive disorders(34%) and hemorrhage(27%) (complicated abortions and PPH) were most common causes of nearmiss mortality.Uncompensated cardiovascular diseases(24%) and sepsis(20%) were the cuses of mortality.

Hysterectomy were done in 45 cases in the nearmiss group.

67% of near miss cases requires ICU admission .

64% of nearmiss and 58% of mortality group requires transfusion of blood and blood products.”

“OTHER MATERNAL NEAR MISS INDICATORS

Maternal near miss ratio (MNMR) was 25/1000 live birth.

Severe maternal outcome ratio (SMOR) is 27/1000 live birth.

Maternal near miss mortality ratio is 12.5:1

Mortality index was 7%.

Maternal mortality rate is 203/ 1, 00,000 live births”

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ANNEXURE

PROFORMA

Name of the patient

Age

Occupation

Address

Socioeconomic class

IP NO.:

DOA:

DOD:

Booked/unbooked

Referral status:

Presenting complaints:

Menstrual history:

Marital history:

Obstetric history:

Obstetric score

Detailed history of previous pregnancy

Past history:

Family history:

Personal history:

General examination:

BP:

PR:

RR:

SPO2:

Per abdomen:

Per vaginal examination

INVESTIGATION

Complete hemogram

urine-

albumin

sugar

deposits

Blood group

BT:

CT:

Platelet count:

RBS:

Blood urea:

Creatinine:

Sr.Electrolyte

ECG:

LFT:

PT:

INR:

ECHO:

ABG:

Sr.lactate

Transabdominal USG

Transvaginal USG

Timing of near miss events and maternal mortality

DATE AND TIME OF DELIVERY

NEONATAL OUTCOME

Live/stillbirth/macerated

Term/preterm

Sex:

Wt:

APGAR

NICU admission

TYPE OF MATERNAL EVENT

DYSFUNCTION CAUSED-

cardiovascular/respiratory/renal/coagulation/hepatic/neurological/uterine

CRITICAL INTERVENTION

ICU intervention

Duration of ICU stay

Laparotomy

Use of blood products

MATERNAL MORTALITY

Cause:

Time of death:

Admission to delivery interval:

Delivery to death interval:

Admission to death interval:

Month: January

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Muthulakshmi	35	399855	No	--	G ₂ P ₁ L ₁ NVP+	1	5/1/16	distension PR-120/min Na-130 k+-4mg	Em.Laparotomy	--	--
2	Rajeshwari	22	400517	Yes	--	G ₂ P ₁ L ₀	3	11/1/16		Em.Lscs	--	D
3	Roobini	26	405760	Yes	Referred	P ₂ L ₂	3	20/01/16	PR-136/Min RR-38,temp- 100F Hb-5.2g plt-26000 u66 ,c24	Lscs outside	18/01/16	A
4	Priya	28	405965	No	--	PRIMI	3	21/01/16	pallor ++ Hb-4g	--	21/01/16	--
5	Ruby	24	404451	Yes	Referred	G ₃ P ₂ L ₂	3	8/1/2016	pallor ++ 59000 Hb-5.4g	LN	8/1/2016	A
6	Bhavani	28	405201	Yes	--	PRIMI	3	12/1/2016	BP-200/110 Blurring of vision	Em.Lscs	12/1/2016	A
7	Sutha	24	404997	Yes	Referred	PRIMI	3	13/01/16	BP-200/110	Em.Lscs	13/01/16	A
8	Vidhya	25	405662	Yes	Referred	G ₂ P ₁ L ₁	3	20/01/16	BP-80/50 133/Min	Em.Lscs	20/01/16	D

9	Keerthiga	25	405436	Yes	--	G ₂ P ₁ L ₁	2	20/01/16	Bleeding PV	Em.hyste rotomy proceede d to TAH	20/01/16	A
10	Deivamani	28	405602	Yes	--	G ₂ A ₁	3	20/01/16	Bb-26 PT-2.8 INR	LN	24/01/16	A
11	JeslinKavya	23	405268	Yes	Referred	Primi	3	16/01/16	Jaundice 97000	Em.Lscs	17/01/16	A
12	Jayanthi	28	401817	No	Referred	G ₃ P ₂ L ₂ Breech	3	21/12/16	RR-28/min SPO2-94% Hb-3.9g	Em.Lscs	02/01/16	A
13	Sandhya	21	403644	Yes	Referred	Primi	3	02/01/16	Ascidia BP-140/110 Hb-7.7	Em.Lscs	02/01/16	A
14	Tamilselvi	27	405430	Yes	Referred	Primi	3	18/01/16	pallor+++ Hb-4.7	LN Epi	18/01/16	A
15	Sutha	23	404974	Yes	--	Primi	3	13/01/16	BP-180/100 132/min	Em.Lscs	14/01/16	A
16	Umadevi	37	405208	Yes	Referred	Primi NVP+ve	3	16/01/16	Confused Hb-6.7 plat 67000 →28000	Em.Lscs HELLP	18/01/16	A
17	Vidhya	25	405662	Yes	Referred	G ₂ P ₁ L ₁	3	20/01/16	PR-119 BP-70/50 92% 38/min	Em.Lap TAH	20/01/16	D
18	Karthiga	25	405436	Yes	--	G ₂ L ₁ P ₁ 6MA	2	20/01/16	140/min	Em.Rpt Lscs TAH	20/01/16	A

19	Priya	23	405631	Yes	Referred	Primi	3	23/01/16	Bp-140/100 plt – 53000 ARF	Lscs outside	--	--
20	Meena	22	405992	Yes	Referred	Primi	3	23/01/16	Hb -4.2g	--	--	--
21	Deivamani	25	405999	Yes	Referred	G ₂ A ₁	3	23/01/16	Hb-26 17+8	LN epi	25/01/16	A
22	Kamalam	25	405011	No	Referred	G ₄ P ₃ L ₃	1	27/01/16	pallor+ Hb-3.6g	MVA done	25/01/16	--
23	Ranjitha	24	405116	Yes	Referred	Primi	3	28/01/16	Bp-200/120	Em.Lscs	28/01/16	A
24	Kalavathi	24	401800	No	--	G ₃ P ₂ L ₂	1	03/01/16	Shock Hb – 4.3g	MVA	03/01/16	--
25	Ramya	20	402766	No	--	Primi	1	06/01/16	Hb-5.2g	MVA	06/01/16	--
26	Revathy	26	405978	No	Referred	G ₄ P ₃ L ₃	3	22/01/16	Severe anemi Hb – 3.6g	LN	25/01/16	A
27	Chitra	34	404398	Yes	Referred	G ₆ P ₅ L ₄	3	19/01/16	Hb – 4.1g	LN Outside	19/01/16	A
28	Rubini	20	404012	Yes	Referred	Primi	3	15/01/16	Bp – 200/100	LN	15/01/16	A
29	Selvi	26	404498	No	Referred	Primi	3	20/01/16	Bp – 220/120	LN	20/01/16	A

Month:January

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	--	--	-	-	MVA→ Uterine perforation Anterior wall rectal perforation infiltration by malignancy	uterine	Yes	Laparotomy proceeded to TAH done	4U pc 2U ffp
2	F	2.4Kg		IP	Abruptio Grade III/Polyhydramnios – 35cm	coagulatory	Yes	-	3U pc 8U ffp 6U plt
3	F	3.07Kg	-	PP	AKI/DIC/MODS/hemodialysis	coagulatory	Yes	-	1U pc 4U plt 6U ffp
4	--	--		--	Ruptured ectopic with 2litres hemoperitoneum+500g of clot	Hrg	Yes	-	4U pc 4U plt 3U ffp
5	M	1.9Kg	+	IP	Fever/Thrombocytopenia with hypertension/HELLP	coagulatory	Yes	-	3U ffp 3U pc 9U plt
6	M	1.8Kg	+	IP	Impending DIVC/Severe preeclampsia/ postpartum blurring of vision	coagulatory	Yes	-	6U ffp 2U pc
7	F M	1.8Kg 2Kg	+	PP	severe preeclampsia with pulmonary edema	HT	Yes CPAP	-	1U pc
8	D	3.4Kg	-	IP	Rupture uterus with shock	Hrg	Yes	TAH	5U pc 6U plt 6U ffp

9	F	600g	-	IP	placenta accreta with bleeding per vaginum	uterine	Yes	TAH	5U pc 6U plt 6U ffp
10	F	2.5Kg	+	AP	Acute liver failure,Jaundice	coagulatory	Yes	-	12U ffp 8U plt 1U pc
11	F	2.6Kg	-	AP	severe preeclampsia/HELLP	coagulatory	Yes	-	-
12	F	1.9Kg	+	AP	Mild MR/Severe anemia/CCF	CVS	Yes	-	6U pc 4U ffp
13	F	1.6Kg	+	IP	severe preeclampsia with uncontrol HT 170/130	HT	Yes	-	4U pc 4U ffp
14	M	2.2Kg	-	AP	Severe Anemia/Congestive Cardiac failure(CCF)	CVS	Yes	-	5U pc 4U ffp
15	F F	2.5Kg 2.1Kg	-	PP	Pulmonary edema	CVS	Yes	-	--
16	F	1.3Kg	+	AP	Hepatic encephalopathy MODS	coagulatory	Yes	-	6U ffp 1U pc
17	D/F	3.4Kg	-	AP	Rupture ectopic with shock	uterine	Yes	+	6U ffp 1U ffp
18	F	600g	-	IP	placenta accreta	uterine	Yes	-	6U pc 6U ffp 6U plat
19	--		-	PP	postpartum eclampsia/mild ARF/Thrombocytopenia	coagulatory	Yes	-	12U plt 2U pc
20	--		-	AP	Jaundice/hyperemesis gravidorum	hepatic	Yes	-	2U pc 16U ffp 12U plt

21	F	1.8Kg	+	AP	Jaundice complicating	hepatic	Yes	-	5U pc
22	--	-	-	--	Incomplete Abortion/severe anemia/ shock	hrg	Yes	-	5Upc
23	M	2Kg	-	AP	Antepartum eclampsia	HT	Yes	-	5U pc
24	--	--		--	Hypovolemic shock/severe anemia /Incomplete abortion	hrg	Yes	+	4U pc
25	--	--		--	Hypovolemic shock/severe anemia/Incomplete abortion	hrg	Yes	-	4Upc
26	F	3 Kg	-	AP	Severe anemia with CCF	other	Yes	-	5Upc
27	M	2.8 Kg	-	AP	Postpartum Eclampsia with severe anemia	other HT	Yes	-	5Upc
28	M	3.2 Kg	-	IP	IP Eclampsia	HT	Yes	-	2Upc
29	M	3 Kg	-	AP	Severe preeclamsia	HT	Yes	-	-

Month: February

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
01	Philomina	33	403340	Yes	Referred	G ₃ P ₂ L ₂	3	10/02/16	Bp-110/90 pollor+++	Lscs Hys	28/02/16	D
02	Uma	30	408579	Yes	--	G ₅ P ₄ L ₄	3	13/02/16	Bp-200/110	Em.Lscs with Blynch	22/02/16	D
03	Poornam	28	409180	Yes	Referred	G ₂ P ₁ L ₁	3	17/02/16	dysprocii/tachy PR-126/min RR-38/min SPO ₂ -92%	Em.Rpt Lscs B/L St	19/02/16	A
04	Senthamil selvi	25	409230	Yes	--	Primi	3	18/02/16	Bleeding p/v	LN epi	28/02/16	A
05	Rajalakshmi	24	408950	Yes	--	Primi	3	16/02/16	Bleeding p/v Bp-160/100	Em.Lscs B/L ut Lig	16/02/16	A
06	Suganya	22	409889	Yes	Referred	Primi	3	24/02/16	Bleeding p/v	Em.Lscs	24/02/16	A
07	Chitrakala	31	408345	Yes	--	Primi 35wks	3	10/02/16	Bp-160/100	Em.Lscs	11/02/16	A
08	Sudha	20	408143	Yes	Referred	Primi	3	12/02/16	Bp-180/130	Em.Lscs	12/02/16	A
09	Yazhini	26	408494	Yes	--	Primi 36wks	3	11/02/16	Bp-180/120	Em.Lscs	13/02/16	A

10	Meenambal	33	408878	Yes	Referred	G ₂ P ₁ L ₁ 31wks	3	15/02/16	Bp-180/110	Em.Lscs	16/02/16	A
11	Sangeetha	26	408789	Yes	--	Primi 34wks	3	15/02/16	Bp-170/130	Em.Lscs	15/02/16	A
12	Mariya	24	410139	Yes	Referred	Primi 32wks	3	25/02/16	Bp-180/120	Em.Lscs	26/02/16	A
13	Salai	25	406889	Yes	--	G ₃ P ₂ L ₂	3	02/02/16	pallor+++ Bp-70/50 RR-126/min	MVA done	02/02/16	--
14	Kanmani	20	407921	Yes	Referred	Primi	3	04/02/16	BP – 160/100	Em.Lscs	04/02/16	A
15	Rajamani	23	407996	Yes	--	G ₃ P ₂ L ₁	3	06/02/16	BP-180/120	LN.epi	06/02/16	A
16	Kalpana	25	408112	Yes	--	Primi	3	08/02/16	BP – 70/50 PR-130 Hb – 5g	LN.epi	08/02/16	A
17	Ramya	22	408608	Yes	Referred	G ₂ P ₁ L ₁	3	19/02/16	Bp – 6mg	LN	16/02/16	A
18	Selvarani	24	408988	Yes	Referred	G ₃ P ₂ L ₁	3	18/02/16		TAH	25/02/16	A
19	Priya	22	408666	Yes	Referred	G ₃ A ₂	2	15/02/16	Hb – 7.3g Urea – 97g creatinine – 2.4g	Spontaneous expulsion	16/02/16	D

Month:February

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	M	2.7Kg	-	AP	Abruption Grade III Atonic PPH/ scar rupture Post CPR/AFI/Pulmonary edema with global hypokinesia	coagulatory	CPR CPAP	TAH	8 U pc 10 U ffp 8 U plt
2	M	1.7Kg	-	AP	Abruption grade III	coagulatory	Yes	-	4U pc 6 U ffp 6 U plt
3	M	2.6Kg	-	AP	Pleuropericardial effusion	CVS	ATT Cat I	-	--
4	M	2Kg	-	AP	Abruption Grade III Vaginal hematoma/DIC	coagulatory	Yes	-	10 U pc 10 U plt 10 U ffp
5	M	1.6Kg	+	AP	Abruption Grade III/ Impending DIC	coagulatory	Yes		6U ffp 3U pc 4U plt
6	F	1.8Kg	+	AP	Abruption Grade III / Intrauterine Death / DIC	coagulatory	Yes	-	7U ffp 5U pc 3U plt
7	M M	2.1Kg 2.3Kg	-	AP	Imminent eclampsia with mild atonic PPH	HT	--	-	-
8	F	2.7Kg	-	AP	Antepartum eclampsia	HT	--	-	-
9	F	22Kg	-	AP	Imminent eclampsia	HT	--	-	-
10	F	1.9Kg	+	AP	Imminent eclampsia	HT	--	-	-

11	M	1.7Kg	+	AP	Imminent eclampsia	HT	--	-	-
12	F	1.1Kg	+	AP	Impending DIC/Severe Preeclampsia	coagulatory	--	-	1U pc 6U ffp
13	--	--		--	Incomplete Abortion Hypovolemic shock	Hrg	--	-	5U pc
14	F	1.9Kg	+	AP	Severe eclampsia Acute pulmonary edema	HT	CPAP	-	--
15	M	2.2Kg	-	AP	Imminent eclampsia	HT	--	-	--
16	F	2.5Kg	-	PP	Atonic postpartum haemorrhage	hrg	Yes	-	10U ffp 5U pc 6 U plt
17	M	2.75 Kg	+	AP	?AFLP	Hepatic	Yes	-	2U pc 10 U ffp
18	F	2.2 Kg	-	IP	Central placenta previa with bleeding	hrg	Yes	TAH	5U pc 16 U ffp 10 U plt
19	F	1.2 Kg	-	AP	GHI / HELLP / AKI	Renal	Yes	-	2U pc 10 U ffp 6 U plt

Month: March

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
01	Pavithra	24	411359	No	Referred	G ₃ P ₁ L ₁ A ₁	1	05/03/16	80/50	MVA	--	--
02	Renuka	23	410636	Yes	Referred	Primi	3	29/03/16	Bp – 200/120	Em.Lscs impending DIC severe pre-ecl	01/03/16	A
03	Vijaya	28	410939	Yes	Referred	G ₂ P ₁ L ₀	3	02/03/16	Bp – 160/110	Em.Lscs	02/03/16	A
04	Sangeetha	28	410962	Yes	--	Primi	3	03/03/16	Bp – 170/120	Em.Lscs with B/L ut A.lig	03/03/16	D
05	Deivanai	22	410954	Yes	Referred	Primi	3	03/03/16	Bp – 200/130	Em.Lscs	03/03/16	A
06	Sivagamy	28	411131	Yes	--	G ₂ P ₁ L ₂	3	04/03/16	--	Em.Rpt. Lscs	04/03/16	A
07	Anandhi	23	411527	Yes	--	Primi	3	07/03/16	Bp – 180/110	Em.Lscs	07/03/16	A
08	Krishnaveny	24	411627	Yes	Referred	Primi	3	08/03/16	Bp – 200/120	Em.Lscs	08/03/16	A
09	Vetriselvi	24	411845	Yes	--	G ₂ P ₁ L ₁	3	09/03/16	Bp – 180/110	Assisted Breech Delivery	09/03/16	D
10	Ramzan Kani	26	412168	Yes	Referred	Primi	3	11/03/16	Bp – 180/120	Em.Lscs	12/03/16	A
11	Sudha	28	412123	Yes	Referred	P ₁ L ₁	3	11/03/16	U/A++++ Bp – 160/110	Em.Lscs done outside Abdominal Preg	21/03/16	A
12	Anushya	23	412294	Yes	Referred	P ₁ L ₁	3	13/03/16	SPO ₂ -92%	Em.Lscs done outside	12/03/16	A
13	Seethalakshmi	24	412320	Yes	Referred	G ₂ P ₁ L ₁	3	13/03/16	Hb-5g	Em.Lscs	13/03/16	D

14	Banu	24	411859	Yes	--	Primi	3	09/03/16	--	Em.Lscs	14/03/16	A
15	Muthamil Selvi	27	412610	Yes	--	Primi	3	14/03/16	Hb-5g	Rent closure	15/03/16	D
16	Sathya	22	412993	Yes	--	Primi	2	17/03/16	Bp-180/120	Em.Hysterotomy	17/03/16	D
17	Rani	24	411597	Yes	Referred	G ₂ P ₁ L ₁	2	17/03/16	Bp-200/120	Em. Hysterotomy	18/03/16	D
18	Parameswari	23	413520	Yes	--	G ₃ P ₂ L ₂	3	20/03/16	-	Rent Closure	20/03/16	A
19	Latha	36	413369	Yes	Referred	G ₃ P ₂ L ₂	3	20/03/16	Bp-160/120	Em.Lscs	21/03/16	A
20	Chitra	28	413793	Yes	--	G ₃ P ₂ L ₂	3	23/03/16	Bp-180/110	Em.Lscs	23/03/16	D
21	Maheswari	24	413797	Yes	Referred	Primi	3	23/03/16	Bp-200/120	Em.Lscs	23/03/16	A
22	Sinthamani	20	413921	Yes	--	Primi	3	23/03/16	Bp-180/110	Em.Lscs	24/03/16	A
23	Radhika	25	414022	Yes	--	Primi	3	24/03/16	Bp-200/120	Em.Lscs	24/03/16	D
24	Rajeswari	26	414209	Yes	--	G ₃ P ₂ L ₂	3	26/03/16	Bp-180/110	Em.Lscs	26/03/16	D
25	Rajamani	24	411598	No	Referred	Primi	3	17/03/16	Bp-160/120	LN	18/03/16	A
26	Ramani	19	413790	Yes	Referred	G ₂ A ₁	3	23/03/16	Bp-170/110	LN	23/03/16	A
27	Bavani	22	412998	Yes	Referred	G ₂ P ₁ L ₀	3	18/03/16	Bp-160/110	LN	18/03/16	A
28	Shankari	21	412192	Yes	Referred	Primi	3	12/03/16	Bp-160/120	LN	13/03/16	A
29	Saranya	24	410610	Yes	Referred	Primi	3	02/03/16	Bp-170/110	LN	02/03/16	A

Month: March

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	--	--	-	--	Septic Abortion	sepsis	CPAP	--	3 U pc 4 U ffp
2	F	2Kg	-	IP	DIC/severe preeclampsia	coagulatory	Yes	--	2 U pc 4 U ffp
3	M	0.8Kg	-	AP	Imminent eclampsia Uncontrolled Hypertension	HT	CPAP	--	
4	F	1.3 Kg	-	IP	Abruption Gr-3	coagulatory	Yes	--	2 U pc 6 U ffp
5	M	2.4 Kg	-	AP	Antepartum eclampsia	HT	Yes	--	1 U pc
6	F	2.5 Kg	-	IP	Rupture uterus	Uterine	Yes	Rent closure done	3 U pc 2 U ffp
7	F	2.4 Kg	-	AP	Antepartum eclampsia	HT	Yes	--	--
8	M	2Kg	-	PP	Impending DIVC/uncontrolled Hypertension	coagulatory	Yes	--	1 U wb 6 U ffp
9	M	1.2 Kg	-	IP	Abruption Grade IIIa	coagulatory	Yes	--	6 U ffp
10	F	2.1 Kg	-	--	Abruption Grade IIIa	coagulatory	Yes	--	6 U ffp
11	F	1.16 Kg	-	AP	Antepartum eclampsia Extrauterine pregnancy	HT	Yes ET+ MV	--	4 U pc
12	M	2 Kg		PP	PPH Acute pulmonary edema	hrg	CPAP	--	4 U pc

13	D	2.8 Kg	-	IP	Abruption Grade III	coagulatory	Yes	--	4 U pc 10 U ffp 4 U plt
14	M	2.8 Kg	-	IP	Bowel injury	others	--	--	2 U pc
15	M	1.6 Kg	-	IP	Impending DIC	coagulatory	Yes	rent closure	4 U pc 6 U ffp 6 U plt
16	F	720g	-	AP	Antepartum eclampsia	HT	Yes	--	--
17	M	1.05g	+	AP	Imminent eclampsia with uncontrolled Hypertenison	HT	Yes	--	--
18	F	3.1Kg	-	IP	Scar Ruptured uterus	Uterine	Yes	--	2 U pc 4 U ffp
19	F	1.4 Kg	+	PP	Abruption Grade II/Burst abdomen (Mass closure after PND-10days)	others	Yes	--	3 U pc 6 U ffp
20	D	2 Kg	-	IP	Abruption Grade III	coagulatory	Yes	--	2 U pc 6 U ffp
21	M	2.6 Kg	-	AP	Antepartum eclampsia	HT	Yes	--	--
22	F	2.8 Kg	-	AP	Imminent eclampsia	HT	Yes	--	--
23	D	1.2 Kg	-	IP	Abruption Grade III	coagulatory	Yes	--	2 U pc 4 U ffp
24	F	1 Kg	-	IP	Abruption Grade III	coagulatory	Yes	--	2 U pc 4 U ffp
25	F	2.5 Kg	-	AP	Severe Preeclampsia	HT	No	--	--
26	M	3 Kg	-	AP	Severe Preeclampsia	HT	No	--	--
27	M	2.2 Kg	-	AP	Severe Preeclampsia	HT	No	--	--
28	M	2.7 Kg	-	AP	Severe Preeclampsia	HT	No	--	--
29	F	1.8 Kg	-	AP	Severe Preeclampsia	HT	No	--	--

Month: April

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Vanitha	32	415811	No	--	G ₃ P ₂ L ₂	3	06/04/16	pallor++ Bp-160/100 Hb 2.4g	LN	17/04/16	A
2	Deepa	21	417074	Yes	--	G ₂ P ₁ L ₁	3	17/04/16	SPO ₂ -90%	Em.Lscs	17/04/16	A
3	Jesima Bagam	32	416797	Yes	Referred	P ₂ L ₂	3	14/04/16	--	Em.Lscs outside	14/04/16	--
4	Sangeetha	33	417342	Yes	--	G ₃ A ₂	2	19/04/16	Bp-170/110 RR-26/min	Spon.Expulsion	20/04/16	A
5	Jayarani	33	417526	No	--	Primi	1	20/04/16	Bp-80/50 PR-133/min	Em.laparotomy/ salphingectomy	20/04/16	--
6	Sathya kala	29	417551	Yes	--	G ₂ P ₁ L ₀	2	21/04/16	Bp-200/110	Spontaneous expulsion	22/04/16	D
7	Anitha	25	417849	Yes	--	G ₃ P ₁ L ₁ A ₁	1	23/04/16	120/min 26/min	Lap salphingectomy done outside	23/04/16	--
8	Mary	22	417891	Yes	Referred	Primi	3	23/04/16	Bp-180/110	Em.Lscs	23/04/16	A
9	Lakshmi	27	418071	Yes	Referred	G ₃ P ₂ L ₁	2	25/04/16	Bp-160/120	Em.Rpt.Lscs	25/04/16	D
10	Surya	20	418196	Yes	--	Primi	3	25/04/16	Bp-180/120	LN epi	26/04/16	A
11	Suganya	25	418277	Yes	--	Primi	3	26/04/16	Bp-180/120	Em.Lscs	26/04/16	D
12	Bakiyam	25	418874	Yes	Referred	G ₃ P ₁ L ₁ A ₁	3	30/04/16	Bp-150/100	Em.Rpt.Lscs	30/04/16	D
13	Senthamilselvi	25	415076	Yes	--	Primi	3	01/04/16	-	Em.Lscs	01/04/16	A
14	Kalaiyarasi	22	413292	Yes	--	G ₂ P ₁ L ₁	3	19/03/16	-	Elective Cs.Hys	02/04/16	A
15	Nisha	24	415270	Yes	Referred	G ₃ P ₁ L ₁ A ₁	3	02/04/16	-	Em.Lscs	02/04/16	A
16	Padhma	30	414410	Yes	--	G ₃ P ₁ L ₁ A ₁	3	27/03/16	-	Em.Lscs	07/04/16	A
17	Nithya	21	415960	Yes	--	G ₂ P ₁ L ₁	3	07/04/16	BP-180/110	LN Epi	09/04/16	A
18	Sasikala	23	416202	Yes	--	Primi	3	09/04/16	BP-160/120	Em.Lscs	13/04/16	A
19	Kalaivani	27	416915	Yes	--	Primi	3	15/04/16	BP-200/110	Em.Lscs	16/04/16	A
20	Valli	27	416946	Yes	Referred	Primi	3	16/04/16	BP-180/120	Em.Lscs	16/04/16	A
21	Dhanalakshmi	29	416985	Yes	--	G ₅ P ₄ L ₃	3	16/04/16	BP-200/120	Em.Lscs	18/04/16	A

Month: April

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	F	2 Kg	-	AP	Severe Anemia/Postpartum eclampsia	dysfunction HT	Yes	-	6 U pc 4 U ffp
2	M	2.5 Kg	-	PP	Rheumatic Heart Disease Severe MS with pulmonary edema	dysfunction CVS	CPAP	-	-
3	--	--	-	--	laprotomy done for internal bleeding	dysfunction Hrg	Yes	+	10 U pc 20 U ffp 20 U plt
4	F	900g	+	AP	severe preeclampsia	dysfunction HT	Yes	-	-
5	--	--	-	--	Ruptured ectopic with hemoperitoneum	dysfunction Hrg	-		4 U pc 3 U ffp 2 U plt
6	M	1 Kg	-	AP	Abrupton/Acute Kidney Injury/HELLP	dysfunction Renal	Yes	-	3 U pc 6 U ffp
7	--	--	-	--	Ectopic/Post CPR/Pulmonary edema/L Pneumothorac	dysfunction RS	Yes	-	2 U pc
8	F	1.9 Kg	+	AP	Antepartum eclampsia	dysfunction HT	Yes	-	--
9	F	1 Kg	-	AP	Previous 2 LSCS/Abrupton Grade – II severe preeclampsia	dysfunction HT	Yes	-	3 U pc 6 U ffp 4 U plt
10	F	1.5 Kg	+	AP	Antepartum eclampsia	dysfunction HT	Yes	-	--
11	F	1.7 Kg	-	AP	Abrupton Grade III/DIC	dysfunction HT	Yes	-	3 U pc 10 U ffp 6 U plt
12	M	1.2 Kg	-	AP	Previous LSCSS Abrupton Grade III	dysfunction HT	Yes	-	2 U pc 6 U ffp
13	M	2 Kg	+	AP	Central Placenta previa with bleeding	dysfunction Hrg	Yes	-	5 U pc 10 U ffp 10 U plt

14	F	2.6 Kg	–	IP	placenta accreta	dysfunction Hrg	Yes	+	6 U pc 6 U ffp 6 U plt
15	F	2.2 Kg	-	IP	Type III placenta previa with bleeding per vaginum	dysfunction Hrg	Yes	-	5 U pc 5 U ffp
16	F	2.2 Kg	-	IP	Type III placenta previa	dysfunction Hrg	Yes	-	--
17	F	2.2 Kg	-	AP	Severe preeclampsia	dysfunction HT	Yes	-	--
18	F	1.5 Kg	+	AP	Severe preeclampsia	dysfunction HT	Yes	-	--
19	F	2.2 Kg	-	AP	Severe preeclampsia + Uncontrolled blood pressure	dysfunction HT	Yes	-	--
20	M	2.1 Kg	+	AP	Severe preeclampsia	dysfunction HT	Yes	-	--
21	M	1.7 Kg	+	AP	Severe preeclampsia	dysfunction HT	Yes	-	--

Month: May

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Thilagavathi	23	419351	Yes	Referred	P ₂ L ₂	3	02/05/16	pallor+	Lscs outside	04/05/16	--
2	Ilakiya	24	419308	Yes	Referred	G ₂ P ₂ L ₂ A ₁	3	04/05/16	BP-160/120 Hb 6g	Em.Lscs	04/05/16	D
3	Kalaivani	23	419230	Yes	--	G ₂ P ₁ L ₁ 37wks	3	03/05/16	U 58 C1.8 BP-160/120	Em.Lscs	04/05/16	A
4	Parimala	30	419224	No	Referred	G ₄ P ₃ L ₂	3	04/05/16	SPO ₂ -90% Hb-5g	LN	05/05/16	A
5	Devi	25	419584	Yes	--	G ₂ A ₁	3	05/05/16	BP-160/110	Em.Lscs Breech	05/05/16	A
6	Krishnaveni	26	416736	Yes	--	Primi	3	05/05/16	BP-200/110	LN	06/05/16	A
7	Durga	25	417891	Yes	Referred	Primi	3	27/04/16	BP-140/100 Hb-5.4g	LN epi	07/05/16	A
8	Anushya	21	419806	Yes	Referred	Primi	3	08/05/16	pallor+	Em.Lscs	08/05/16	D
9	Sasibunisha	26	420059	Yes	--	P ₂ L ₂ A ₁	1	09/05/16	pallor+ Hb-6g	Partial salphingectomy	09/05/16	--
10	Uma maheswari	26	417160	Yes	--	Primi	3	18/04/16	SPO ₂ -92%	Outlet	12/05/16	A
11	Sakunthala	28	420328	Yes	--	Primi	3	01/05/16	SPO ₂ -80%	LN epi	13/05/16	A
12	Rajalakshmi	22	420409	No	Referred	P ₃ L ₂	2	13/05/16	Bp-160/110	spontaneous	14/05/16	A

										expulsion		
13	Gandhi	20	420211	No	--	Primi	3	15/05/16	Bp-140/110 Hb-5.5g	LN epi	16/05/16	A
14	Radhika	23	418975	Yes	Referred	Primi	3	01/05/16	BP-170/120 Hb-5g	LN	02/05/16	A
15	Kaliyammal	35	415570	Yes	--	G ₃ P ₂ L ₂	3	11/05/16	RBS-385	VBAC	14/05/16	A
16	Anandhi	24	420270	Yes	Referred	Primi	3	10/05/16	BP-180/120 Hb-4.8 CT increase	Em.Lscs	13/05/16	A
17	Mariyammal	24	420270	No	Referred	P ₆ L ₅	3	18/05/16	BP-140/100 Hb-4g	Lscs	19/05/16	A
18	Kavitha	33	420745	Yes	--	Primi	3	19/05/16	BP-180/110	Em.Rpt.Lscs	20/05/16	--
19	Rubila	24	421424	Yes	--	G ₄ A ₃ 34wks	3	19/05/16	BP-180/10	Em.Lscs	19/05/16	D
20	Karthiga	15	420982	Yes	--	G ₂ P ₂ L ₁ 33wks	3	16/05/16	Bp-180/100	Em.Rpt.Lscs	17/05/16	A
21	Sulochana	28	420446	Yes	--	Primi 33wks	3	16/05/16	Bp-160/120	Em.Lscs	17/05/16	A
22	Saranya	22	420285	Yes	Referred	G ₂ P ₁ L ₁	3	16/05/16	SPO ₂ -80%	Em.Rpt.Lscs	17/05/16	A
23	Devibala	30	420321	Yes	--	G ₂ P ₁ L ₁ A ₁	3	17/05/16	pallor+ Hb-7g	Em.Lscs	17/05/16	A
24	Indrani	37	425986	Yes	Referred	G ₂ A ₁	3	16/05/16	Bp-180/110 CT increase CR increase	Em.Lscs	17/05/16	A

25	Vasumathy	28	412143	Yes	Referred	G ₂ A ₁	2	18/05/16	Bp-200/100 TRFT	Em.Hysterotomy Em.Lscs	18/05/16	A
26	Anushya	34	445151	Yes	Referred	G ₃ P ₂ L ₀ A ₁ Prev2 Lscs	2	20/05/16	BP-150/100	Em.Hysterotomy	20/05/16	D
27	Senthamilselvi	32	421446	Yes	Referred	G ₂ A ₁	3	21/05/16	BP-150/110 Hb-8g U-68 C-22	Lscs done outside	21/05/16	A
28	Joy	24	421976	Yes	--	G ₂ A ₁	3	22/05/16	BP-180/120	Em.Lscs	22/05/16	A
29	Suguna	25	421576	Yes	Referred	G ₄ P ₃ L ₁	3	24/05/16	BP-230/130	Em.Rpt.Lscs	25/05/16	A
30	Kowsalya	23	422209	Yes	Referred	Primi	2	25/05/16	BP-160/110 Hb-6g	Em.Hysterotomy	25/05/16	D
31	Muthalagu	28	422271	Yes	--	Primi	3	26/05/16	Bp-180/120	Em.Lscs	27/05/16	A
32	Sakunthala	29	416543	Yes	--	Primi	3	26/05/16	SPO ₂ -76%	Em.Lscs	27/05/16	A
33	Sangeetha	31	422675	Yes	Referred	G ₃ P ₁ L ₁ A ₁ Breech	3	27/05/16	BP-180/120 Hb-8g	Em.Rpt.Lscs	27/05/16	A
34	Brindha	24	422527	Yes	Referred	Primi	3	28/04/16	Hb-6g plt-60000	Em.Lscs	01/05/16	A
35	Ilakiya	25	422316	Yes	Referred	Primi Twins	3	29/04/16	plat-23000	Em.Lscs	01/05/16	-
36	Manimegalai	32	418978	No	--	Primi	1	01/05/16	Hb-5.5g	Em.Lep	01/05/16	-
37	Nancy	30	423140	Yes	--	G ₃ P ₂ L ₂	3	31/05/16	N Hb-9.5g	TA++	31/05/16	A

38	Murugeswari	28	419873	No	--	G ₂ P ₁ L ₁	1	07/05/16	Bp-70/50 Hb-5g	Em.Lep	07/05/16	-
39	Sudha	36	419883	Yes	--	G ₃ P ₂ L ₂	3	04/05/16	Bp-180/120	LN	04/05/16	A
40	Jessi	35	419326	No	--	G ₃ P ₂ L ₂	1	04/05/16	Hb-5.2g	Em.Lep	05/05/16	-
41	Visalatchi	25	419280	Yes	Referred	G ₃ P ₂ L ₁	3	03/05/16	Bp-160/110	Em.Lscs	04/05/16	A
42	Sudha	25	419863	Yes	Referred	Primi	3	07/05/16	Bp-150/110	outlet forceps	08/05/16	A
43	Akila	32	419996	Yes	--	G ₃ P ₂ L ₁	3	09/05/16	BP-90/60 Hb-6.6g	Em.Rpt.Lscs B/L U/A	13/05/16	A
44	Ranjani	25	421122	Yes	--	G ₂ P ₁ L ₀	3	17/05/16	Bp-160/110	LN epi	17/05/16	A
45	Jayanthi	27	421020	Yes	--	G ₂ P ₁ L ₁ 30wks	2	17/05/16	Bp-180/110	Em.Hysterotomy	17/05/16	-

Month:May

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	--	--	-	PP	Purperal Sepsis	sepsis	Yes	-	3 U pc
2	M	2.5 Kg	-	IP	Abruption/Impeding DIC	coagulatory	Yes	-	3 U pc 6 U ffp 4 U plt
3	M	2.9 Kg	-	AN	Severe preeclampsia with impending Renal failure	Renal	Yes	-	-
4	M	3.2 Kg	-	PN	Anemia/Congestive cardiac failure	cva	Yes	-	4 U pc
5	M	1.8 Kg		AN	Severe preeclampsia/Impending DIC	coagulatory	Yes	-	2 U pc 6 U ffp
6	M	1.9 Kg	+	AN	Severe preeclampsia/GHT severe anemia	coagulatory	Yes	-	--
7	F	2.2 Kg	+	AN			Yes	-	5 U pc
8	F	2 Kg	-	IP	Abruption Grade III	coagulatory	Yes	-	2 U pc 4 U ffp
9	--	--	-	--	R ectopic gestation ruptured with hemoperitoneum	hrg	Yes	-	4 U pc 4 U ffp
10	F	2.2 Kg	-	AN	RHD-Severe MS/BMV done with pulmonary edema	CVS	Yes	-	--
11	F	2 Kg	-	PP	RHD-Severe MS/MR with congestive cardiac failure	CVS	CAP MV	-	--
12	F	900g	+	PP	postpartum eclampsia	HT	--	-	--
13	M	3 Kg	+	PP	Severe anemia/postpartum eclampsia	HT	--	-	5 U pc
14	M	2.5 Kg	-	AP	severe preeclampsia/anemia/acute kidney injury recovered Impending DIC	coagulatory	Yes	-	4 U pc 10 U ffp 10 U plt
15	F	2 Kg	-	AP	Overt Riabetes Mellitus/DKA(Diabetic Ketoacidosis)	Others	Yes	-	--

16	M	2 Kg	-	IP	Impending DIC/severe preeclampsia/HELLP	coagulatory	Yes	-	2U pc 10 U ffp 6 U plt
17	F	2 Kg	-	AP	Severe anemia with congestive cardiac failure/GHT(Gestational hypertension)	cvs	CPAP	-	5 U pc
18	--	1.7 Kg	+	AP	severe preeclampsia	HT	--	-	--
19	F	1.4 Kg	-	AP	Abruption Grade III	coagulatory	Yes	-	3 U pc 10 U ffp
20	M	1.5 Kg	+	AP	severe preeclampsia	HT	--	-	--
21	M	1.3 Kg	+	AP	Antepartum eclampsia	HT	Yes	-	--
22	F	2.8 Kg	-	PP	severe Lower Respiratory Infection/Pulmonary edema/Gestational Diabetes Mellitus	RS	CPAP	-	5 U pc 4 U ffp
23	F	2.2 Kg	-	IP	Type III placenta previa with bleeding per vaginum	hrp	Yes	-	1 U pc 6 U ffp
24	F	3.3 Kg	-	AP	Impending DIVC/ severe preeclampsia Abruption Grade III	coagulatory	Yes	-	2 U pc 4 U ffp
25	M	3.3 Kg	-	AP	Imminent eclampsia with impending Acute Respiratory Failure	RS	Yes	-	--
26	F	500g	-	AP	Abruption Grade III	coagulatory	Yes	-	2 U pc 4 U ffp
27	F	2.5 Kg	-	AP	HELLP/ARF/Jaundice/Hyperthyroid/DIVC	Hepatic	Yes	-	4U pc 16 U ffp 12 U plt
28	M	2.2 Kg	-	AP	Imminent eclampsia	HT	--	-	--
29	F	1.2 Kg	+	AP	severe eclampsia, Hypertensive encephalopathy	HT	Yes	-	--
30	M	500g	-	AP	Imminent eclampsia/HELLP	HT	--	-	2U pc 6 U ffp

31	F	1.8 Kg	+	AP	Imminent eclampsia	HT	--	-	--
32	M	3 Kg	-	PN	Pulmonary edema resolved RHD-Moderate MS/severe MR/Moderate PHT	CVS	Yes	-	--
33	M	2.8 Kg	-	AP	Severe preeclampsia	HT	--	-	2U pc
34	M	3 Kg	-	PP	HELLP	coagulatory	Yes	-	2 U pc 6 U ffp 6 U plt
35	M	2.5 Kg	-	AP	EHPVO/Thrombocytopenia	Hepatic	Yes	-	2U pc 10 U plt
36	-	--	-	--	L partial salphingectonmy L total ectopic	hrg	--	-	3U pc 4 U ffp
37	M	2.4 Kg	-	IP	postpartum haemorrhage/placenta previa	hrg	Yes	+	4U pc 6 U ffp 6 U plt
38	-	--	-	--	Right ectopic pregnancy with hemoperitoneum	hrg	Yes	-	4U pc 16 U ffp
39	F	1.2 Kg	+	AP	Imminent eclampsia	HT	Yes	-	--
40	-	--	-	--	Right ectopic pregnancy	Hrg	Yes	-	4U pc 4 U ffp 2 U plt
41	F	1.6 Kg	+	AP	severe eclampsia	HT	--	-	--
42	M	1.75 Kg	+	AP	severe eclampsia/Intrauterine Growth Restriction	HT	Yes	-	--
43	F	1.3 Kg	+	AP	Type III central placenta previa with bleeding per vaginum	hrg	Yes	-	4U pc 6 U ffp 4 U plt
44	F	2.7 Kg	-	AP	Grade III Abruptio placenta	coagulatory	Yes	-	1U pc 6 U ffp
45	F	900g	+	AP	Imminent eclampsia/Impending DIVC	coagulatory	--	-	16 U ffp

Month: June

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Vedanayagi	25	423184	Yes	Referred	Primi	3	01/06/16	Bp-100/70 SPO ₂ -80% cout-02	Outlet forceps delivery	01/06/16	A
2	Savitha	26	423241	Yes	Referred	Primi	3	02/06/16	SPO ₂ -92% c-2 Hb-6g	outlet forceps epi	02/06/16	A
3	Rani	30	423621	No	Referred	G ₃ P ₂ L ₂	3	02/06/16	pallor+++ Bp-150/90 Severe CRI 1.7g/dl	LN	15/06/16	A
4	Nancy Soniya	30	423140	Yes	Referred	P ₂ L ₂ A ₁	3	31/05/16	pallor+++ Hb-4.8g	Lscs done outside	--	-
5	Veeraselvi	28	423780	Yes	Referred	G ₃ P ₂ L ₂ A ₀	2	04/06/16	Bleeding p/v+ pallor+ Hb-4.8g	Em.Hysterotomy	04/06/16	D
6	Vasambal	30	424009	Yes	Referred	G ₄ P ₃ L ₁ Prev 3Lscs	3	06/06/16	pallor+ Hb-5.5g	Hysterotomy	10/06/16	A
7	Pasubathy	40	424384	No	--	G ₂ P ₁ L ₁	1	07/06/16	Hb-3.6g	MVA	07/06/16	-
8	Dhanalakshmi	42	424413	No	Referred	P ₂ L ₂ A ₁	1	07/06/16	Bleeding p/v Fever increasing RFT	Exploratory Lap.	ARDS	-
9	Manthira Kumari	30	424605	Yes	Referred	G ₃ P ₂ L ₁	3	09/06/16	--	Em.Rpt.Lscs	10/06/16	A
10	Malaiyathal	35	425069	No	Referred	G ₃ P ₂ L ₂	1	13/06/16	pallor+ Hb-5.8g	Digital evac with check curettage	13/06/16	-
11	Sasikala	23	423954	No	--	Primi	1	05/06/16	unmarried Hb-5g	Em.Lap	05/06/16	-
12	Pandiyammal	26	424582	Yes	--	G ₂ P ₁ L ₁	2	09/06/16	Bp-160/100	Em.Rpt.Lscs U/A.Lig	14/06/16	D
13	Kowsalya	22	423627	Yes	Referred	Primi	3	03/06/16	Bp-170/110	Em.Lscs	03/06/16	A

14	Ra,ua	25	423734	Yes	Referred	Primi	3	03/06/16	Bp-180/120	Em.Lscs	04/06/16	A
15	Selvi	25	424010	Yes	Referred	Primi	3	06/06/16	Bp-160/100 pallor+ Hb-6g	Em.Lscs	06/06/16	D
16	Akila	24	424159	Yes	Referred	Primi	3	06/06/16	Bp-160/110 Hb-7g	Em.Lscs	07/06/16	A
17	Gokila	23	424648	Yes	--	G ₂ P ₁ L ₁	3	09/06/16	BP-200/120 Hb-8g	Em.Lscs B/Ls	09/06/16	A
18	Malligai	20	424419	Yes	--	Primi	3	08/06/16	Bp-180/110	Em.Lscs	10/06/16	A
19	Nirosha	27	424932	Yes	Referred	G ₃ P ₁ L ₁ A ₁	3	11/06/16	Bp-90/60	Em.Rpt.Lscs Subtotal hysteron	11/06/16	A
20	Nandhini	24	429339	Yes	Referred	P ₁ L ₁	3	27/06/16	BP-180/100	LN	01/06/16	A
21	Priya	26	429303	Yes	Referred	P ₄ L ₃ 6 th DOD	3	26/06/16	Bp-140/80 headache	Em.Lscs outside	27/06/16	A
22	Amudha	21	428620	Yes	Referred	Primi	3	21/06/16	Bp-180/120	Em.Lscs	20/06/16	D
23	Shakila Banu	24	428661	Yes	--	Primi	3	21/06/16	Bp-170/120	Em.Lscs	21/06/16	A
24	Chitra	32	428673	Yes	--	G ₂ A ₁	3	21/06/16	Hb-6.8g	Em.Lscs B/L U/A	21/06/16	A
25	Vellayi	27	428653	Yes	Referred	G ₂ P ₁ L ₁	3	22/06/16	pallor+ Hb-5.6g	LN	22/06/16	A
26	Gunasundari	20	428818	Yes	--	Primi	3	23/06/16	Bp-180/120 Hb-5.5g	Em.Lscs	23/06/16	A
27	Mounika	29	428163	Yes	Referred	G ₂ P ₁ L ₁	3	19/06/16	N	Em.Lscs	23/06/16	A
28	Mithila	25	428912	Yes	Referred	G ₂ A ₁ Twins	3	23/06/16	Bp-180/110	Em.Lscs	24/06/16	A
29	Revathi	28	429000	Yes	Referred	Primi	3	24/06/16	Bp -200/120 PT,CT,CRT increase	Em.Lep	24/06/16	D
30	Periyanayagi	24	428915	Yes	--	Primi	3	23/06/16	Bp-160/110	Em.Lscs	27/06/16	A
31	Gunaselvi	28	429442	Yes	--	Primi	3	27/06/16	Bp-220/130	Em.Lscs	27/06/16	A
32	Radhiga	28	429083	Yes	--	Primi	3	24/06/16	Bp 190/120	Em.Lscs B/L U/A	29/06/16	A
33	Gunasundari	24	429486	Yes	--	Primi	3	27/06/16	Bp150/110	Em.Lscs contracted pelvis	29/06/16	D

34	sangeetha	21	429413	Yes	--	Primi	3	27/06/16	Bp 160/110 Hb-6g	Em.Lscs B/L O/A	30/06/16	A
35	veeraselvi	28	423780	Yes	--	G ₃ P ₂ L ₂	2	04/06/16	Bp 150/110	Em.Hysterotomy B/L	04/06/16	D
36	Rashayi	39	424353	No	Referred	G ₃ P ₂ L ₂	1	07/06/16	Bp 90/50	Em.Lep	09/06/16	-
37	Rani	32	427571	Yes	--	Primi	1	15/06/16	Bp 70/50	Em.Lep	15/06/16	-
38	Gowri	23	428401	Yes	Referred	Primi	3	17/06/16	Bp 200/120	LN epi	19/06/16	A
39	Renuka	20	428411	Yes	Referred	P ₂ L ₂	3	18/06/16	--	Lscs outside	18/06/16	A
40	Noorjahan	20	424900	Yes	Referred	G ₂ P ₁ L ₁	3	10/06/16	Bp 180/120	LN	10/06/16	A
41	Meena	25	429674	Yes	Referred	G ₂ A ₁	3	28/06/16	Bp 160/100	Em.Lscs	28/06/16	A

Month: June

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	F	3.2 Kg	-	AN	Large ASD/Severe PHT(Pulmonary Hypertension)	cvs	CPAP	--	--
2	F	2.4 Kg	-	IP	severe MS/MR/GHT/Anemia	cvs	Yes	--	3 U pc
3	M	1.75 Kg	+	AN	severe GHT/Anemia AP eclampsia + postpartum eclampsia	HT	MSO4	--	14 U pc 14 U plt
4	--	--	-	IP	Type IV placenta previa with Atonic postpartum haemorrhage	hrg	Yes	TAH	6 U pc 2 U ffp 6 U plt
5	F	800g	-	IN	Abruption grade III	coagulatory	Yes	--	5 U pc 4 U ffp
6	M	2.1 Kg	-	IP	Central placenta previa with bleeding per vaginum	hrg	Yes	TAH	7 U pc 8 U ffp 5 U plt
7	--	--	-	--	Incomplete abortion/severe anemic shock	hrg	Yes	--	5 U pc
8	--	--	-	--	septic abortion/shock/sigmoid loop colostomy with rectal injury	sepsis	MV CPAP	--	4 U pc
9	F	2.7 Kg	-	IP	central placenta previa	hrg	Yes	TAH	6 U pc 6 U ffp 6 U plt
10	--	--	-	--	Retained placenta/septic abortion	sepsis	Yes	--	3 U pc
11	--	--	-	--	Ruptured ectopic pregnancy/Hypovolemic shock	hrg	Yes	--	4 U pc
12	M	800g	-	--	Previous LSCS/III Abruptio	coagulatory	--	--	2 U pc 4 U ffp
13	M	3.2 Kg	+	AP	Severe preeclampsia	HT	--	--	--
14	F	1.2 Kg	+	AP	Imminent eclampsia	HT	--	--	--
15	F	2 Kg	-	IP	Abruption Grade III/Shoulder Presentaion	coagulatory	Yes	--	2 U pc 4 U ffp
16	F	2.5 Kg	-	AP	Severe preeclampsia/Mild atonic postpartum haemorrhage	HT	--	--	--

17	M	3.5 Kg	-	AP	Antepartum eclampsia	HT		--	--
18	M	1.6 Kg	+	AP	Antepartum eclampsia	HT	Yes	--	--
19		3.1 Kg	-		atonic postpartum haemorrhage	hrg			5 U pc 6 U ffp 6 U plt
	M			PP			Yes	TAH	
20	F	3.2 Kg	-	PP	postpartum eclampsia	HT	Yes	--	--
21	M	2.3 Kg	-	PP	Cerebral Venous Thrombosis/postpartum eclampsia	HT	Yes	--	--
22	F	1.7 Kg	-	AP	Antepartum eclampsia	HT	Yes	--	--
23	M	1.6 Kg	+	AP	Twin,Abruption Grade III	coagulatory	Yes	--	--
24	M	2.4 Kg	-	IP	Type III posterior placenta previa with bleeding per vaginum	Hrg	Yes	--	5 U pc 4 U ffp
25	M	1.6 Kg	-	AP	Abruption Grade III	coagulatory	Yes	--	3 U pc 6 U ffp
26	M	2.6 Kg	-	AP	Antepartum eclampsia/failed induction	HT	Yes	--	--
27	M	2.7 Kg	-	IP	Central placenta previa with increta	Hrg	Yes	TAH	3 U pc 6 U ffp 6 U plt
28	M	2.4 Kg	-		severe preeclampsia	HT			
	M	1.8 Kg	+	AP			--	--	--
29		1.2 Kg	-		Abruption Grade III/DIC	coagulatory			3 U pc 6 U ffp 4 U plt
	M			AP			Yes	--	
30	M	3.9 Kg	-	AP	severe preeclampsia/Breech	HT	--	--	1 U pc
31	F	1.7 Kg	+	AP	severe preeclampsia with uncontrolled BP	HT	Yes	--	2 U pc
32	F	2.1 Kg	+	AP	severe preeclampsia with uncontrolled blood pressure	HT	Yes	--	--
33	F	2.4 Kg	-	AP	Abruption/Intrauterine death	coagulatory	Yes	--	--
34	F	2.6 Kg	-	AP	Abruption Grade III	coagulatory	Yes	--	2 U pc 4 U ffp
35	M	800g	-	AP	Abruption Grade III	coagulatory	Yes	--	2 U pc 6 U ffp
36	--	--	-	--	L Ruptured ampellary ectopic pregnancy	Hrg	Yes	--	4 U pc 4 U ffp

37	--	--	-	--	Right ruptured ectopic pregnancy/ severe preeclampsia	hrg	Yes	--	3 U pc
38	M	2.9 Kg	-	AP	placenta previa Type III with postpartum haemorrhage	hrg	Yes	--	--
39	F	2.8 Kg	-	IP	Antepartum eclampsia	HT	Yes	TAH	--
40	F	2 Kg	+	AP	Antepartum eclampsia	HT	Yes	--	--
41	M	3 Kg	-	AP	Antepartum eclampsia/Unfavourable cervix	HT	--	--	--

Month: July

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Uma Gandhi	28	428899	Yes	--	G ₂ P ₁ L ₁	3	23/06/16	--	Em.Lap	02/07/2016	A
2	Lakshmi	20	430281	Yes	--	Primi	3	03/07/16	--	Em.Lscs	03/07/2016	A
3	Suganya	23	430266	Yes	--	Primi	3	03/07/16	Bp-170/120	Em.Lscs	03/07/2016	A
4	Kala	29	430528	Yes	--	G ₃ P ₁ L ₁ A ₁	3	05/07/16	Bp-160/120	Em.Rpt.Lscs	05/07/2016	A
5	Kumudha rani	32	430687	Yes	Referred	G ₂ A ₁	3	05/07/16	Bp- 200/120	Em.Lscs	06/07/2016	A
6	Sudha	23	430516	Yes	--	G ₂ P ₁ L ₁	3	04/07/16	Hb-4g Bp-160/100	Em.Rpt.Lscs	05/07/2016	A
7	Ponnammal	35	422842	Yes	--	G ₂ P ₁ L ₁	3	28/05/16	--	Em.Rpt.Lscs TAH+ Bladder rent repair	07/07/2016	A
8	Sumathi	25	428108	Yes	--	G ₂ P ₁ L ₁	3	23/06/16	Bp-200/120	Em.Rpt.Lscs	08/07/2016	A
9	Rajalakshmi	32	431776	Yes	--	G ₄ P ₁ L ₁ A ₁	3	13/07/16	--	Em.Caes.Hys	13/07/2016	A
10	Rajeswari	23	431656	Yes	--	G ₄ P ₁ L ₁ A ₂	3	13/07/16	--	Em.Cys.Hys	14/07/2016	A
11	Nishanthi	26	430993	Yes	--	G ₂ A ₁	3	08/07/16	Hb-6g	Em.Lscs	15/07/2016	A
12	Sangavi	21	431983	Yes	--	G ₂ A ₁	3	15/07/16	Bp-200/120	Em.Lscs Blynch	15/07/2016	D
13	Manimegalai	26	432204	Yes	--	G ₃ P ₂ L ₂	3	16/07/16	--	Em.Lscs	17/07/2016	A
14	Sathya	24	432276	Yes	--	Primi	3	17/07/16	Bp-160/110	Em.Lscs	18/07/2016	A
15	Vijalakshmi	29	432454	Yes	--	G ₂ P ₁ L ₁	3	18/07/16	Bp-200/110	Em.Rpt.Lscs	18/07/2016	A

16	Gowri	27	423467	Yes	--	G ₂ P ₁ L ₁	3	19/07/16	Bp-160/110	Em.Lscs	19/07/2016	A
17	Malairani	32	430196	Yes	Referred	Primi	3	14/07/16	Bp-130/80	Em.Lscs	18/07/2016	D
18	Dhivya	20	432617	Yes	Referred	P ₁ L ₁	3	20/07/16	Bp-100/70 130/min	Em.Lap peri partum hyst	19/07/2016	A
19	Saranya	26	432199	Yes	Referred	Primi	3	17/07/16	Bp-150/80 Hb-9g	LN epi Hep A+ve	17/07/2016	A
20	Ambika	24	433021	Yes	Referred	P ₁ L ₁	3	23/07/16	Bp-120/70 PR-117 o2-97%	Lscs outside	22/07/2016	A
21	Sridevi	22	430650	Yes	--	G ₃ P ₂	1	06/07/16	Bp-80/50	Em.Lep	06/07/2016	-
22	Ilakkiya	23	433734	Yes	Referred	Primi	3	28/07/16	Bp-140/120	Em.Lscs	28/07/2016	A
23	Umadevi	30	432976	Yes	--	G ₂ P ₁ L ₁	3	22/07/16	Bp-80/50	Em.Hys	26/07/2016	D
24	Muthulakshmi	26	433753	Yes	--	G ₂ P ₁ L ₁	3	28/07/16	--	Em.Lscs	28/07/2016	D
25	Bhuvaneshwari	24	433428	Yes	--	Primi	3	25/07/16	Bp-160/110	Em.Lscs	26/07/2016	A
26	Anitha	24	433891	Yes	Referred	G ₂ P ₁ L ₁	3	28/07/16	Bp-180/110 Hb-4.3g 28000	Em.Lscs	28/07/2016	A
27	Seetha	24	434012	Yes	--	Primi	2	31/07/16	RR-52/min Hb-2.6g U-98 C-23 52000	Em.Lscs	31/07/2016	A
28	Amudha	22	428990	Yes	Referred	Primi	3	01/07/16	Bp-180/110	LN	01/07/2016	A
29	Savitha	21	429911	Yes	Referred	G ₂ A ₁	3	02/07/16	Bp-160/120	LN	03/07/2016	A
30	Kavitha	26	430112	Yes	Referred	G ₂ P ₁ L ₀	0	04/07/16	Bp-200/120	LN	04/07/2016	D

Month:July

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	M	3Kg	-	IP	Atonic postpartum haemorrhage	hrg	Yes	+	4 U pc 6 U ffp 6 U plat
2	M	2 Kg	-	IP	Type III posterior placenta previa with bleeding per vaginum	hrg	Yes	-	3 U pc
3	M	2.4 Kg	-	AP	Imminent eclampsia	HT	Yes	-	1 U pc
4	F	1.9 Kg	+	AP	Imminent eclampsia	HT	Yes	-	2 U pc
5	M	1.6 Kg	+	AP	Severe preeclampsia/Twins	HT	Yes	-	2 U pc
6	F	2.8 Kg	-	AP	Gestational Hypertension with HELLP	HT	Yes	-	6 U ffp
7	F	1.6 Kg	+	IP	Placenta accreta	hrg	Yes	TAH	5 U pc 6 U ffp 6 U plat
8	F	1.6 Kg	+	IP	central placenta previa with bleeding per vaginum	hrg	Yes	-	5 U pc 6 U ffp 4 U plat
9	M	3 Kg	-	IP	placenta accreta	hrg	Yes	-	4 U pc 6 U ffp 6 U plat
10	F	2.7 Kg	-	IP	Atonic postpartum haemorrhage	hrg	Yes	-	5 U pc 4 U ffp 4 U plat

11	M	3.2 Kg	-	IP	Type III placenta previa with bleeding per vaginum	hrg	--	+	4 U pc 4 U ffp
12	M	1.5 Kg	+	IP	Abruption Grade III	HT	Yes	-	2 U pc 6 U ffp
13	F	2.8 Kg	-	IP	Type III placenta previa with bleeding per vaginum/	hrg	--	-	4 U pc 4 U ffp
14	F	3.5 Kg	-	AP	Severe preeclampsia	HT	--	-	--
15	M	1.4 Kg	-	IP	Gestational Hypertension/ Abruption Grade III	HT	Yes	-	--
16	F	1.3 Kg	+	AP	Imminent eclampsia	HT	--	-	--
17	F	1.6 Kg	-	PP	Abruption/Intrauterine Death/ postpartum eclampsia	HT	Yes	-	--
18	M	3.4 Kg	-	IP	Ruptured uterus with hemoperitoneum	uterine	Yes	TAH	5 U pc 10 U ffp 4 U plat
19	M	2 Kg	+	PP	DCDA/vulval hematoma exploration/Jaundice complicating Hepatic Encephalopathy	Hepatic	Yes	-	4 U pc 19 U ffp 3 U plat
20	M	2.4 Kg	-	PP	postpartum eclampsia/cerebral venous Thrombosis	HT	Yes	-	--
21	--	--	-	--	Ruptured Left ectopic pregnancy	hrg	Yes	-	4 U pc 4 U ffp
22	F	2.7 Kg	-	AP	Antepartum eclampsia with uncontrolled BP	HT	Yes	-	--
23	F	2.5 Kg	-	IP	scar rupture/Rent closure	uterine	Yes	+	5 U pc 10 U ffp 6 U plat
24	M	3.1 Kg	-	IP	Abruption Grade III	Hrg	Yes	-	2 U pc 6 U ffp

25	F	2.8 Kg	-	AP	Severe preeclampsia	HT	--	-	--
26	M	1.8 Kg	+	IP	Antepartum eclampsia/DIC/Acute Kidney Injury(AKI)	renal	Yes	-	4 U pc 11 U ffp 6 U plat
27	F	1.2 Kg	-	AP	Severe preeclampsia/HELLP syndrome/Acute Kidney Injury(AKI)	Renal	Yes	-	4 U pc 10 U ffp 4 U plat
28	M	2 Kg	+	AP	Severe preeclampsia with mild pulm edema	HT / RS	Yes	-	-
29	F	2.5 Kg	-	AP	Severe preeclampsia / LRI	HT	Yes	-	-
30	M	2.8 Kg	-	IP	Abruptio Gr – III with impending DIC	coag	Yes	-	4 U pc 6 U ffp

Month: August

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Sathya	25	383031	Yes	Referred	G ₂ A ₁	3	06/08/2015	Stable	Em.Lscs	06/08/15	A
2	Sasikala	22	383284	Yes	--	Primi	3	07/08/2015	pallor++ Hb-4g pt increase	Em.Lscs	07/08/15	D
3	Mala	34	383211	Yes	--	G ₃ P ₂ L ₂	3	07/08/2015	pallor+	Em.caesa.Hys	08/08/15	A
4	Sivaranjani	28	383350	Yes	--	Primi	3	08/08/2015	Bp-170/120	Em.Lscs	09/08/15	A
5	Mangayarkarasi	26	383458	Yes	--	G ₂ P ₁ L ₁	3	09/08/2015	--	Em.Lscs	09/08/15	A
6	Maheswari	38	383943	Yes	--	G ₃ P ₁ L ₁ A ₁	3	12/08/2015	pallor++ Bp-180/120 Hb-5.2g PT,CT increase	Em.Rpt.Lscs	12/08/15	D
7	Ramya	24	384008	Yes	--	G ₃ P ₂ L ₁	3	13/08/2015	pallor++ Hb-4g PT,CT increase	Em.Lap	13/08/15	D
8	Barakath Nisha	25	384737	Yes	Referred	Primi	3	19/08/2015	pallor+ Hb-7g pt increase	Em.Lscs	20/08/15	A
9	Kavitha	30	385059	Yes	Referred	Primi	3	21/08/2015	Bp-180/110	C.Hys	21/08/15	A
10	Ilavarasi	28	385569	Yes	Referred	G ₄ P ₂ L ₂ A ₁	3	25/08/2015	--	Em.Lscs TAH	25/08/15	A

11	Chandrakala	20	385561	Yes	--	G ₂ A ₁	3	25/08/2015	Bp-200/120 Hb-8g	Em.Lscs	25/08/15	A
12	Shamathi	21	385667	Yes	--	Primi	3	24/08/2015	Bp-190/110 Hb-7.9g	Em.Lscs	24/08/15	A
13	Subha	21	385329	Yes	Referred	Primi	3	23/08/2015	Bp-190/120	Em.Lscs	23/08/15	D
14	Kavitha	20	385406	Yes	Referred	Primi	3	23/08/2015	Bp-200/110	Em.Lscs	24/08/15	A
15	Vanaroja	36	385767	Yes	--	G ₂ A ₁	3	26/08/2015	Bp-180/100 Hb-6.8g	Em.Lscs	27/08/15	D
16	Maheswari	27	385878	Yes	Referred	G ₂ P ₁ L ₁ Twins	3	27/08/2015	Hb-8g Liver emergence	Em.Lscs	27/08/15	A
17	Ilayarani	26	386013	Yes	Referred	G ₂ P ₁ L ₁	3	28/08/2015	Bp-180/110	Em.Lscs	28/08/15	A
18	Vaduvammal	26	386104	Yes	--	G ₃ A ₂	3	28/08/2015	Bp-220/100 PT,CT increase	Em.Lscs	28/08/15	D
19	Pown	31	383356	Yes	--	G ₄ P ₂ L ₁ A ₁	3	08/08/2015	Bp-100/60	Em.Lscs	08/08/15	A
20	Anushya	25	385880	Yes	--	G ₂ P ₁ L ₁	3	27/08/2015	--	Em.Lscs	29/08/15	A
21	Kalviyarasi	24	386499	Yes	--	Primi	3	31/08/2015	Bp-170/120	Em.Lscs	31/08/15	A
22	Sudha	30	386431	Yes	--	P ₂ L ₀ A ₁ Expelled outside	11	31/08/2015	Bp-180/110 PT increase	--	31/08/15	-
23	Sathyapriya	23	382148	Yes	Referred	Primi	3	02/08/2015	PT increase	Em.Lap	03/08/15	A
24	Ramani	28	383280	No	--	G ₂ P ₁ L ₁	1	06/08/2015	Hb-5.2g	MVA	--	-
25	Savithri	26	384012	No	--	G ₃ P ₂ L ₂	1	13/08/2015	Hb-4.8g	MVA	--	-

26	Radhika	20	385870	No	--	G ₂ A ₁	1	15/08/2015	Hb-6.8	MVA	--	-
27	Shanthi	24	383381	Yes	Referred	Primi	3	20/08/2015	Bp-160/120	LN epi	21/08/15	A
28	Deepika	25	386190	Yes	--	G ₂ P ₁ L ₁ Prev Lscs	3	31/08/2015	--	Em.Laparotomy	31/08/15	A
29	Chitra	26	384107	Yes	--	G ₆ P ₅ L ₅	1	19/08/2015	Hb-6.8g	--	19/08/15	-
30	Sathyapriya	23	382148	Yes	--	G ₃ P ₂ L ₁ Breech prom	3	01/08/2015	--	Em.Lscs.Laparo tomy	01/08/15	A
31	Chinnamani	32	382552	No	--	G ₂ P ₁ L ₁	1	02/08/2015	Hb-5g	Em.Lap	02/08/15	-
32	Susila	31	383032	Yes	Referred	G ₃ P ₂ L ₂	3	06/08/2015	Bp-170/110	Em.Lscs	06/08/15	A
33	Rani	35	383184	Yes	--	G ₄ P ₃ L ₃	3	06/08/2015	Bp-180/120	Em.Hys TAH	06/08/15	A
34	Jaya	32	384723	No	--	Primi	1	18/08/2015	Hb-4.4g	Em.Lap	19/08/15	-
35	Dhanalakshmi	25	384477	Yes	Referred	G ₃ P ₂ L ₂	3	19/08/2015	Bp-180/120 CT increase	Em.Hys	19/08/15	A
36	Maheswari	26	385806	No	Referred	G ₂ P ₁ L ₁	1	26/08/2015	--	Em.Laparotomy	26/08/15	-
37	Ragima	25	386392	No	Referred	G ₄ P ₃ L ₃	1	30/08/2015	--	MVA	30/08/15	-
38	Jayaradha	21	385175	No	Referred	Primi	1	21/08/2015	--	MVA	21/08/15	A

Month:August

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	M	3.2 Kg	-	IP	Central Placenta Previa with Bleeding per vaginum	Hrg	Yes	-	5 U pc 4 U ffp 4 U plat
2	F	1.2 Kg	-	IP	Abruption Grade III	HT	Yes	-	6 U pc 6 U ffp 10 U plat
3	M	1.1 Kg	+	IP	Central Placenta Previa with atonic postpartum haemorrhage	hrg	Yes	C.Hys	5 U pc 4 U ffp 4 U plat
4	F	1.25 Kg	+	AN	Imminent eclampsia	HT	--	-	--
5	F	1.8 Kg	+	IP	1 st Twin breech/ atonic postpartum haemorrhage	hrg	Yes	Conservative	5 U pc
6	M	1.7 Kg	-	IP	Abruption Grade III/Impending DIC	coagulatory	Yes	-	3 U pc 10 U ffp 4 U plat
7	F	3.2 Kg	-	IP	Abruption/DIC/ atonic postpartum haemorrhage	coagulatory	Yes	TAH	6 U pc 10 U ffp 12 U plat
8	F	2.6 Kg	-	AN	Antepartum eclampsia	HT	MV	-	2 U pc 4 U ffp
9	F F	2.7 Kg 1.9 Kg	-	IP	Monochorionicchiono Amniotic twins, atonic postpartum haemorrhage failed medical treatment	hrg	Yes	C.Hys	4 U pc 6 U ffp 6 U plat
10	F	2.3 Kg	-	IP	Type III placental previa/ atonic postpartum haemorrhage	hrg	Yes	TAH	4 U pc 6 U ffp 6 U plat
11	M	1.9 Kg	+	AN	Imminent eclampsia	HT	--	-	1 U pc
12	F	3.2 Kg	-	AN	Imminent eclampsia	HT	--	-	2 U pc
13	M	1.7 Kg	+	AN	Antepartum eclampsia	HT	Yes	-	--

14	M	2.4 Kg	-	AN	Imminent eclampsia	HT	--	-	--
15	M	2.5 Kg	-	AN	Abruption Grade III	hrg	Yes	-	5 U pc 4 U ffp 4 U plat
16	M	3 Kg	-	AN	HELLP/failed induction	hepaticHT	Yes	-	2 U pc 12 U ffp 4 U plat
17	F	1.1 Kg	+	AN	Imminent eclampsia	HT	--	-	--
18	M	1.5 Kg	+	IP	Abruption Grade III with atonic postpartum haemorrhage/increasing RFT/AKI	Hrg	Yes	Hayman	3 U pc 6 U ffp 4 U plat
19	F	2.7 Kg	-	IP	Type III placental previa with bleeding per vaginum	hrg	Yes	-	4 U pc 4 U ffp 4 U plat
20	M	2.8 Kg	--	IP	central placenta previa with bleeding per vaginum	hr	Yes	-	4 U pc 4 U ffp 3 U plat
21	M	2.6 Kg	-	AN	Antepartum eclampsia	HT	Yes	-	--
22	F	-	-	IP	Abruption Grade III/DIC	coagulatory	MV	-	5 U pc 8 U ffp 4 U plat
23	M	1.6 Kg	+	PN	IUGR/Breech/PROM/DIC	coagulatory	MV	TAH	4 U pc 14 U ffp 10 U plat
24	-	-	-	--	incomplete abortion/Hypovolemic shock	Hrg	--	MVA	5 U pc
25	-	-	-	--	incomplete abortion/Hypovolemic shock	hrg	--	-	5 U pc
26	-	-	-	--	incomplete abortion/Hypovolemic shock	hrg	--	-	3 U pc
27	F	2.5 Kg	--	--	Severe preeclampsia	HT	--	-	--
28	-	-	-	IP	Type III placental previa with fundal perforation	hrg	--	TAH	4 U pc 6 U ffp 6 U plat

29	-	-	Sepsis	--	septic shock with severe anemia	sepsis	ETT/MV	-	5 U pc 4 U ffp
30	-	-	hrg	IP	postpartum haemorrhage not responding to medical management	hrg	--	TAH	5 U pc 10 U ffp 6 U plat
31	-	-	-	--	Left ruptured ectopic pregnancy/Hypovolemic shock	hrg	Yes		4 U pc 4 U ffp 4 U plat
32	F	900g	-	AN	Imminent eclampsia	HT	Yes	-	--
33	F	600g	-	AN	Imminent eclampsia with atonic postpartum haemorrhage	HT	--	TAH	--
34	-M	-	--	--	Right ruptured ectopic pregnancy/Hypovolemic shock	hrg	Yes	-	4 U pc 6 U ffp 4 U plat
35	M	400g	-	AN	Antepartum eclampsia/ Abruptio Grade III	HT	Yes	-	2 U pc 4 U ffp
36	-	-	-	--	Right ruptured ectopic pregnancy/shock	hrg	Yes	-	4 U pc 4 U ffp
37	-	-	-	--	Incomplete abortion/Hypovolemic shock	hrg	--	-	3 U pc
38	-	-	-	--	Incomplete abortion/Hypovolemic shock	hrg	--	-	4 U pc

Month: September

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Sudha	28	386726	Yes	Referred	Primi	3	02/09/2015	Bp-170/120 Hb-4.6g	Em.Lscs	02/09/2015	A
2	Vanitha	29	381111	Yes	--	G ₄ P ₃ L ₃	3	21/07/2015	Hb-6.8g	Em.Lscs	02/09/2015	A
3	Sathya	20	386846	Yes	--	G ₂ P ₁ L ₁	3	02/09/2015	Bp-180/120	Em.Rpt.Lscs	02/09/2015	A
4	Sumathi	30	386931	Yes	--	G ₄ P ₂ L ₁ A ₁	3	03/09/2015	--	Em.Lscs	04/09/2015	A
5	Deivamani	40	387228	Yes	Referred	G ₂ P ₁ L ₁	3	05/09/2015	Bp-170/110	Em.Rpt.Lscs	05/09/2015	D
6	Praba	29	386884	Yes	--	G ₂ P ₁ L ₁	3	03/09/2015	Hb-6g	Em.Lscs	06/09/2015	A
7	Sarala	30	387206	Yes	--	G ₂ P ₁ L ₁	3	05/09/2015	Bp-200/120 Hb-7g	Em.Rpt.Lscs	07/09/2015	A
8	Ramya	25	387454	Yes	Referred	Primi	3	07/09/2015	Bp-160/110 U/A 3+	Em.Lscs	07/09/2015	A
9	Ambika	32	387515	Yes	--	G ₃ P ₂ L ₁	3	09/09/2015	--	Em.Lscs	09/09/2015	A
10	Mahalakshmi	25	387818	Yes	Referred	G ₂ P ₁ L ₁	3	10/09/2015	--	Em.Rpt.Lscs	10/09/2015	A
11	Pragadeeshwari	22	387729	Yes	--	G ₂ A ₁	3	9/09/2015	Bp-170/120 CT,PT increase	Em.Lscs	10/09/2015	D
12	Chinnamayil	27	387883	Yes	--	G ₂ P ₁ L ₁	3	10/09/2015	Bp-200/120	Em.Lscs	10/09/2015	D
13	Muthumani	29	388132	Yes	Referred	G ₃ P ₂ L ₁	3	12/09/2015	Bp-190/120	Em.Lscs	12/09/2015	A
14	Jayabharathi	22	388457	Yes	--	Primi	3	14/09/2015	Bp-180/110	Em.Lscs	14/09/2015	D
15	Sathya	28	388460	Yes	Referred	G ₆ P ₃ A ₂ L ₃	3	14/09/2015	Bp-200/120	Em.Lscs	14/09/2015	A
16	Susila	24	388653	Yes	--	Primi	3	16/09/2015	Bp-180/110	Em.Lscs	16/09/2015	A
17	Jeevajothi	23	388611	Yes	Referred	G ₃ P ₂ L ₂	3	15/09/2015	Bp-170/110 U/A 4+	Em.Lscs	16/09/2015	D
18	Ranjitha	21	388419	Yes	--	Primi	3	16/09/2015	Bp-180/110 U/A 4+	Em.Lscs	17/09/2015	A
19	Dhavamani	27	388992	Yes	Referred	G ₂ P ₁ L ₀	3	18/09/2015	--	Em.Lap	18/09/2015	A
20	Sundari	21	386704	Yes	--	Primi	3	01/09/2015	Bp-150/100 Hb-6.8g	Em.Lscs	19/09/2015	A
21	Saranya	21	389075	Yes	--	Primi	3	20/09/2015	Bp-200/110 U/A 3+	Em.Lscs	20/09/2015	A
22	Vimala	26	389227	Yes	--	Primi	3	21/09/2015	Bp-190/110 U/A 4+	Em.Lscs	21/09/2015	A

23	Shanthini	22	389372	Yes	Referred	Primi	3	21/09/2015	Bp-180/120 U/A 3+	Em.Lscs	21/09/2015	A
24	Renuka	20	389570	Yes	--	Primi	3	23/09/2015	Bp-200/110 U/A 3+	Em.Lscs	23/09/2015	A
25	Subha	23	389606	Yes	--	Primi Twins	3	23/09/2015	Bp-180/120 U/A 3+	Em.Lscs	23/09/2015	A
26	Vadivukarasi	32	390079	Yes	Referred	Primi	3	26/09/2015	Bp-190/110 U/A 4+	Em.Lscs	27/09/2015	A
27	Sivagami	25	389611	Yes	Referred	Primi	3	23/09/2015	Bp-190/110 U/A 3+	Em.Lscs	27/09/2015	A
28	Kalaivani	30	388691	Yes	--	Primi	3	16/09/2015	--	Em.Lscs	28/09/2015	A
29	Susila	27	390231	Yes	--	G ₂ P ₁ L ₁	3	28/09/2015	--	Em.Lscs C.Hys	29/09/2015	A
30	Seethalakshmi	26	390738	Yes	--	G ₄ P ₁ L ₁ A ₂	3	30/09/2015	--	Cys.Hys	01/10/2015	A
31	Renugadevi	30	390914	Yes	--	G ₂ P ₁ L ₁	3	01/10/2015	Hb-5g	Em.Lscs	03/10/2015	A
32	Panjalai	26	391028	Yes	Referred	Primi	3	01/10/2015	Bp-180/110 U/A 3+	Em.Lscs	03/10/2015	A
33	Pandiammal	30	391407	Yes	Referred	G ₂ P ₁ L ₁	3	04/10/2015	--	Em.Lscs	04/10/2015	A
34	Parimala	25	388396	Yes	--	G ₂ P ₁ L ₁	3	14/09/2015	--	Em.Lscs	15/09/2015	A
35	Muthulakshmi	27	388349	Yes	Referred	P ₂ L ₂	3	14/09/2015	Bp-160/120 U/A 3+	Outside/LN Delivery	--	A
36	Maheshkani	28	390305	Yes	--	Primi	3	28/09/2015	Bp-200/120 U/A 4+	LN	06/10/2015	A
37	Deepika	25	386190	Yes	--	G ₂ P ₁ L ₁	3	21/09/2015	Bp-70/	Em.Lap TAH	01/09/2015	D
38	Thaya	22	386764	Yes	--	Primi	2	02/09/2015	Bp-200/150	Em.Hysterotomy	02/09/2015	D
39	Anandi	25	388949	No	--	G ₄ P ₂ L ₂ A ₁	1	19/09/2015	--	MVA	19/09/2015	-
40	Mariyammal	25	381228	Yes	--	P ₂ L ₂	3	21/09/2015	Hb-3g	Em.Rpt.Lscs done outside	21/09/2015	-
41	Praveena	33	390202	No	Referred	G ₃ P ₂ L ₂	1	28/09/2015	Bp-60/ PR-180/min	Em.Laperotomy	28/09/2015	-

Month:September

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	M	2.6Kg	-	AP	Severe preeclampsia with abruption	HT	Yes	-	3 U pc 4 U ffp 4 U plt
2	M	2.5 Kg	-	AP	Type III placenta previa	hrg	Yes	-	5 U pc 4 U ffp
3	M	2.7 Kg	-	AP	Antepartum eclampsia /atonic postpartum haemorrhage	HT	Yes	TAH	5 U pc 4 U ffp 4 U plt
4	F	1.83 Kg	+	IP	Placenta Accreta	hrg	Yes	TAH	4 U pc 4 U ffp 2 U plt
5	F	1.25 Kg	+	AP	Abruptio Grade III with impending DIVC	coagulatory	Yes	-	2 U pc 4 U ffp
6	M	2.2 Kg	-	AP	Type III placenta previa with bleeding per veginum	hrg	Yes	-	4 U pc 4 U ffp 2 U plt
7	M	3.2 Kg	-	AN	Imminent eclampsia	HT	--	-	--
8	F	2 Kg	-	AN	Severe preeclampsia/Intrauterine Growth Restriction	HT	--	-	--
9	M	1.6 Kg	+	IP	Rupture uterus with bladder rent	Uterine	Yes	TAH	3 U pc 4 U ffp 4 U plt
10	M	3.8 Kg	-	IP	Placenta Accreta	Hrg	Yes	Subtotal Hys	4 U pc 4 U ffp 2 U plt
11	F	2.5 Kg	-	AN	Abruptio Grade III with impending DIC	coagulatory	Yes	-	2 U pc 6 U ffp
12	F	2.4 Kg	-	AN	Abruptio Grade III	HT	Yes	-	2 U pc 4 U ffp
13	F	1.3 Kg	+	AN	Imminent eclampsia with uncontrolled HT	HT	Yes	-	--

14	M	2.4 Kg	-	AN	Abruption Grade III	hrg	Yes	-	2 U pc 2 U ffp
15	M	1.3 Kg	+	AN	Antepartum eclampsia with uncontrolled HT	HT	MV	-	--
16	M	1.4 Kg	+	AN	Imminent eclampsia	HT	Yes	-	--
17	F	900g	-	AN	Severe preeclampsia	HT	--	-	--
18	F	1.9 Kg	+	AN	Severe preeclampsia	HT	--	-	--
19	F	1.035 Kg	+	IP	Placenta percreta with hemoperitoneum	hrg	Yes	C.Hye	4 U pc 6 U ffp 4 U plt
20	M	1.5 Kg	+	AP	HELLP syndrome	hepatic	Yes	-	2 U pc 10 U ffp 4 U plt
21	F	2.1 Kg	+	AP	Imminent eclampsia	HT	--	-	--
22	M	2.6 Kg	+	AN	Severe preeclampsia	HT	--	-	--
23	M	800 g	-	AN	Severe preeclampsia	HT	--	-	--
24	F	2.7 Kg	-	AN	Imminent eclampsia	HT	--	-	--
25	M	1.1 Kg	+	AN	Antepartum eclampsia	HT	Yes	-	--
26	F	2.5 Kg	-	AN	Imminent eclampsia	HT	--	-	--
27	F	1.5 Kg	+	AN	Imminent eclampsia	HT	--	-	--
28	F	2.5 Kg	-	AN	Type III placenta previa with bleeding per vaginum	hrg	Yes	-	4 U pc 4 U ffp 2 U plt
29	F	3 Kg	-	IP	central placenta previa with bleeding per vaginum	hrg	Yes	TAH	4 U pc 4 U ffp
30	F	2.6 Kg	-	IP	Placenta accreta	hrg	Yes	TAH Bleeding	5 U pc 4 U ffp 6 U plt
31	M	2.5 Kg	-	AP	Type III placenta previa with bleeding per vaginum	hrg	Yes	-	4 U pc
32	M	3.8 Kg	-	AP	Severe preeclampsia	HT	--	-	--
33	F	4 Kg	-	IP	atonic postpartum haemorrhage	hrg	Yes	TAH	4 U pc 4 U ffp 2 U plt
34	M	2 Kg	-	PP	Acute Pulmonary edema		MV	-	--
35	F	2.3 Kg	-	PN	Severe preeclampsia	HT	--	-	--

36	F F	1.9 Kg 2 Kg		AP	Severe preeclampsia with uncontrolled Hypertension	HT	--	-	--
37	D	500g		IP	Type III Retro lateral placenta percreta fundal perforation	hrg	MV	TAH	5 U pc 10 U ffp 6 U plt
38	D	500g		AP	Antepartum eclampsia	HT	--	-	--
39	-	--		-	Incomplete Abortion/Hypovolemic shock	hrg	--	-	5 U pc
40	-	--		-	Emergency Laparotomy	hrg	--	Lap	7 U pc 12 U ffp 8 U plt
41	-	--		-	Ruptured ectopic Hypovolemic shock	Hrg	--	-	4 U pc

Month: October

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Sundari	31	391702	Yes	Referred	G ₃ P ₂ L ₂	3	06/10/2015	Bp-190/110	Em.Lscs	07/10/2015	A
2	Ilavarasi	29	392097	Yes	Referred	G ₂ P ₁ L ₁	3	08/10/2015	Bp-200/110 3+	Em.Lscs	09/10/2015	D
3	Revathi	30	391316	Yes	--	G ₃ P ₂ L ₁	3	10/10/2015	--	Em.Lscs C.Hys	10/10/2015	A
4	Francis mary	28	392594	Yes	--	G ₂ P ₁ L ₁	3	12/10/2015	Bp-180/120	Em.Lscs	12/10/2015	A
5	Sathya	29	392709	Yes	Referred	Primi	3	12/10/2015	Bp-170/110 4+	Em.Lscs	14/10/2015	A
6	Anudevi	25	390929	Yes	--	G ₃ P ₁ L ₁ A ₁	3	01/10/2015	--	Em.Lscs C.Hys	15/10/2015	A
7	Rajakumari	30	393141	Yes	--	G ₄ P ₂ L ₂ A ₁	3	15/10/2015	--	Em.Lscs	16/10/2015	A
8	Jothi	19	393274	Yes	Referred	Primi	3	16/10/2015	--	Em.Lscs	16/10/2015	A
9	Ragini	28	393252	Yes	--	Primi	3	16/10/2015	Bp 200/120	Em.Lscs	16/10/2015	A
10	Latha	32	392543	Yes	--	G ₃ P ₁ L ₁ A ₁	3	11/10/2015	--	Em.Cy.Hys	16/10/2015	A
11	Saranya	25	392776	Yes	--	G ₅ P ₂ L ₁ A ₂	3	13/10/2015	Hb-6g	Em.Lscs	17/10/2015	A
12	Karthiga	24	393335	Yes	--	Primi	3	17/10/2015	Hb-6g	Em.Lscs	17/10/2015	A
13	Devi	26	393254	Yes	--	G ₂ P ₁ L ₁	3	16/10/2015	Bp-190/120	Em.Lscs	17/10/2015	A
14	Amudha	30	393471	Yes	--	G ₃ P ₂ L ₁ A ₁	3	18/10/2015	Bp-180/120	Em.Lscs	18/10/2015	A
15	Amala Mary	22	392941	Yes	--	G ₂ P ₁ L ₁	3	14/10/2015	Hb-7g	Em.Lscs	19/10/2015	A
16	Selvi	28	394045	Yes	--	--	3	22/10/2015	--	Em.Lap	22/10/2015	A
17	Vasanth	23	392605	No	--	Primi	1	12/10/2015	Bp-70/ Hb-4g	Em.Lap partial sal	12/10/2015	A
18	Vijayalakshmi	21	393000	Yes	Referred	P ₁ L ₁ Severe anemia	3	15/10/2015	pallor+++ Hb-3g	manual removal of plac	15/10/2015	A
19	Kanchana	23	393064	Yes	Referred	G ₂ P ₁ L ₁	2	15/10/2015	pallor+++ Hb-5g	Em.Hys	15/10/2015	A
20	Nithyakala	28	393121	No	--	G ₂ P ₁ L ₁ 17wks	2	15/10/2015	pallor+++ Hb-6g	Em.Hys	17/10/2015	D
21	Valarmathy	23	394421	Yes	Referred	P ₁ L ₁	3	--	Bp-180/110	LN outside	--	D
22	Banupriya	25	405112	Yes	Referred	Primi	3	27/10/2015	Bp-170/120	Em.Lscs	27/10/2015	A
23	Maheswari	27	405100	Yes	Referred	P ₁ L ₁	3	27/10/2015	Bp-150/110	Lscs outside	--	A

Month:October

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	F	4 Kg	-	AP	Imminent eclampsia	HT	-	-	-
2	F	1.3 Kg	+	AP	Imminent /Diabetes Mellitus eclampsia	HT	-	-	-
3	M	1.9 Kg	+	IP	Previous two LSCS/Central placenta previa	hrg	Yes	TAH	5 U pc 4 U ffp 6 U plt
4	F	2.8 Kg	-	IP	Previous Lscs/Abruption GR-2	hrg	-	-	4 U pc 6 U ffp 2 U plt
5	F	1.3 Kg	+	AP	Severe preeclampsia	HT	-	-	-
6	F	3 Kg	-	IP	Central Placenta Previa with atonic PPH	hrg	Yes	TAH	4 U pc 4 U ffp 2 U plt
7	M	2.6 Kg	-	AP	Antepartum eclampsia with acute pulmonary edema	HT	Yes	-	-
8	F	1.8 Kg	+	IP	Abrupton/Impending DIVC	coagulatory	Yes	-	2 U pc 6 U ffp
9	F	2 Kg	--	AP	Antepartum eclampsia	HT	MV	-	-
10	M	1.6 Kg	+	IP	Placenta accreta	hrg	Yes	-	4 U pc 4 U ffp 2 U plt
11	F	2.6 Kg	-	IP	central placenta previa with bleeding per vaginum	hrg	Yes	-	5 U pc 4 U ffp 6 U plt
12	F	3.3 Kg	-	IP	central placenta previa with bleeding per vaginum	hrg	Yes	-	4 U pc 2 U ffp 4 U plt
13	M	1.8 Kg	+	AP	Imminent eclampsia	HT	-	-	1 U pc
14	M	1.2 Kg	+	AP	Impending DIVC with imminent eclampsia	coagulatory	Yes	-	2 U pc 4 U ffp

15	M	2.9 Kg	-	AP	central placenta previa with bleeding per vaginum	Hrg	-	-	5 U pc 4 U ffp 2 U plt
16	M	3 Kg	-	PP	atonic postpartum haemorrhage	hrg	Yes	TAH	8 U pc 16 U ffp 12 U plt
17	-	-	-	-	Ruptured R ampullary ectopic with Hypovolemic shock	hrg	Yes	-	3 U pc
18	M	-	-	IP	Outside delivery with retained placenta	hrg	Yes	-	5 U pc 4 U ffp 4 U plt
19	F	950g	-	IP	Abruption Grade III with Impending DIVC	coagulatory	Yes	-	3 U pc 10 U ffp
20	-	150g	-	IP	Ruptured uterus	uterine	Yes	TAH	7 U pc 16 U ffp 10 U plt
21	M	2.3kg	-	PP	postpartum Imminent eclampsia	HT	-	-	-
22	M	2 Kg	-	AP	Antepartum eclampsia	HT	Yes	-	-
23	F	3kg	-	AP	Seizure disorder/postpartum eclampsia	HT	Yes	-	-

Month: November

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Maruthaiyammal	32	397732	Yes	Referred	G ₂ P ₁ L ₁ Prev Lscs	3	11/11/2015	Bp-90/60 PR-140 RR-28 SPO ₂ -96% Echo-Mod severe MR milt MS/AF/PHT MVO-1.3 cm ²	Em.Rpt.Lscs	11/11/2015	A
2	Saraladevi	27	398473	Yes	Referred	P ₂ L ₂	3	18/11/2015	RR-24 SPO ₂ -70%		18/11/2015	A
3	Sathya	24	396486	Yes	Referred	P ₁ L ₁ fetal distress	3	05/11/2015	RR-32 SPO ₂ -60%	--	05/11/2015	A
4	Jothi Nirmala	24	396810	Yes	Referred	P ₂ L ₂	3	07/11/2015	RR-28 SPO ₂ -72%	Rent Closure outside	09/11/2015	A
5	Chitra	20	396984	Yes	Referred	Primi	3	09/11/2015	Bp-110/60 PR-126 RR-30 SPO ₂ -90% Hb-4.6g	LN episiotomy	30/11/2015	A
6	Sudha devi	35	396549	Yes	Referred	G ₂ P ₁ L ₀	3	05/11/2015	Bp-110/70 PR-120 RR-24 SPO ₂ -98%	Em.Rpt.Lscs	--	D
7	Anjalai	28	396664	Yes	Referred	G ₃ P ₂ L ₁	3	05/11/2015	Bp-110/70 PR-120 RR-24 SPO ₂ -98%	Em.Rpt.Lscs	06/11/2015	A

8	Saranya	24	396741	Yes	Referred	G ₂ P ₁ L ₁	3	06/11/2015	Bp-100/60 PR-78 RR-12 SPO ₂ -99%	Em.Rpt.Lscs	06/11/2015	A
9	Meera	37	394847	Yes	--	G ₂ P ₁ L ₁	3	24/11/2015	Bp-110/60 PR-80 RR-14 SPO ₂ -99%	Em.Hysterectomy	--	A
10	Neelavathi	37	402489	Yes	Referred	G ₅ P ₂ L ₂ A ₂	3	25/12/2015	Bp-100/70 PR-136 RR-30 SPO ₂ -99%	--	27/11/16	D
11	Sasikala	28	396278	Yes	Referred	Primi	3	03/11/2015	Bp-180/110	LN epi	5/11/16	A
12	Rahamath Nisha	40	399741	Yes	Referred	G ₂ P ₂ L ₂	3	27/11/2015	Bp-180/110 PR-82 RR-18 SPO ₂ -99%	Em.Lscs	27/11/16	D
13	Thenmozhi	26	396241	Yes	Referred	G ₂ P ₁ L ₁	3	03/11/2015	Bp-200/120 PR-76 RR-16 SPO ₂ -98%	LN.epi	6/11/16	A
14	Mahalakshmi	29	397600	No	--	G ₃ P ₂ L ₂	1	09/11/2015	PR-120 SPO ₂ -88% Hb-4.8g	MVA	9/11/16	A
15	Kalavathi	22	397889	Yes	Referred	G ₄ P ₃ L ₂	1	11/11/2015	Bp-80/50 PR-114 SPO ₂ -99% Hb-6g	Digital Evaluation	11/11/16	A
16	Vanitha	24	401112	Yes	--	Primi	3	19/11/2015	Bp-100/60 PR-98 Hb-4.5g	Em.Lscs	23/11/16	A
17	priyadharshini	23	396249	no	-	Primi	-	03/11/2015	Hb-4.1g	Emergcy laparotomy	03/11/2015	A

18	zahira banu	28	397054		-	P ₂ L ₁ A ₁	3	09/11/2015	Hb-5.3g	manual removal of placenta	09/11/2015	A
19	kamala	27	397157		-	Primi	2	09/11/2015	BP-180/120	Emergency hysterotomy	10/11/2015	D
20	Gandhimathi	42	398154		-	G ₅ P ₂ L ₂ A ₂	1	17/11/2015	Hb-3.9 g	MVA	17/11/2015	-
21	gomathi	25	399130		-	Primi	2	30/11/2015	CT->10min	Emergency hysterotomy	30/11/2015	D
22	vinitha	22	391010		Referred	Primi	3	08/11/2015	BP-200/130	Emergency LSCS	08/11/2015	A
23	janci vindhiya	23	396101		Referred	Primi	3	30/10/2015	BP-180/110	Emergency LSCS	30/10/2015	A
24	Eswari	25	396451		Referred	G ₄ P ₃ L ₁	3	05/11/2015	Hb-4.6g	Ceasarean hysterectom	05/11/2015	A
25	Anbarasi	23	396459		Referred	P ₁ L ₁	3	--	160/110	LSCS outside	--	A
26	Anjammal	35	397451		Referred	P ₃ L ₃	3	10/11/2015	HB-3.4g	LN	10/11/2015	A
27	Ilayarani	22	397608		-	Primi	3	13/11/2015	200/120	Emergency LSCS	13/11/2015	A
28	Lakshmi	23	398112		Referred	Primi	3	19/11/2015	plt-30000	Emergency LSCS	19/11/2015	A
29	Pothumponnu	20	399214		-	Primi	3	24/11/2015	-	Emergency LSCS	24/11/2015	D

Month:November

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	F	2.5 Kg	-		pulmonary edema	CVS	yes	-	
2	F	2.5 Kg	-					-	
3	-	-	-					-	
4	-	-	-	IP	Rupture uterus	uterine	yes	-	5 U pc 10 U ffp 6 U plt
5	F	1.8 Kg	+	AN	Anemic CCF	CVS	yes	-	
6	M	-	-	IP	Rupture uterus	uterine	yes	Em.Laparotomy Rent closure	
7	M	2.3 Kg	+	IP	Placenta accreta	hrg	yes		
8	M	2.5 Kg	+	AN	HELLP syndrome	hepatic	yes	--	
9	M	1.6 Kg	+		Placenta accreta	hrg	yes	-	
10	M	700g	-	-	Rupture uterus	uteine	Yes	Em.Lap TAH	6 U pc 5 U ffp 3 U plt
11	F	2.4	+	AP	Severe preeclampsia	HT	-	-	1 U pc
12	F	2.5	-	IP	HELLP /AKI	Renal	Yes	-	7 U pc 11 U ffp 6 U plt
13	M	2.2	+	AP	Acute pulmonary edema	HT	CPAP	-	2 U pc
14	-	-		-	Hypovolemic shock	hrg	-	-	5 U pc
15	-	-		-	sepsis/AKI recovered	sepsis	Yes	-	3 U pc

16	M	1.8	+	-	DIC/AKI	Coagulatory	Yes	-	6 U pc 10 U ffp 6 U plt
17	-	-	-	-	ruptured ectopic with hemoperitoneum	hrg			5U pc 10U FFP 6U Plt
18	M	3kg	-	PP	retained placenta	hrg	yes	+	5U pc 10U FFP 10U Plt
19	F	300g	-	AP	AP eclampsia	HT	yes		-
20			-	-	incomplete abortion	hrg			3U PC
21	M	400g	-	AP	AP eclampsia/uncontrolled BP/DIC	HT	yes		2U pc 6U FFP
22			-	AP	AP eclampsia	HT	yes		-
23	F	2.2kg	-	AP	AP eclampsia	HT	yes		
24	M		-	PP	Atonic PPH	hrg	yes	+	5U pc 12U FFP 8U Plt
25		2.5kg	-	PP	PP eclampsia	HT	yes		-
26	F	2.7kg	-	AP	severe anemia	Others	yes		6-U
27	F	2.1kg	+	IP	IP eclampsia	HT	yes		-
28	M	3kg	-	AP	Gestational thrombocytopenia	Coagulatory			plt-10U
29	F	2.3kg	-	AP	Abruption gr-3	coagulatory			-

Month: December

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
1	Geetha	29	400112	No	Referred	G ₃ P ₂ L ₂	1	19/12/2015	Hb-4.6g	MVA Attempt outside	20/12/2015	A
2	Easwari	23	403418	Yes	--	P ₁ L ₁	3	31/12/2015	Bp-140/90 Hb-4.3g increased enzymes	Lscs outside	30/12/2015	A
3	Muthulakshmi	35	399855	No	--	G ₂ P ₁ L ₁	1	28/12/2015	--	MVA Em.Lap	06/12/2015	A
4	Malathi	29	401547	Yes	--	G ₃ P ₂ L ₁	1	18/12/2015	Hb-5g	Em.Lap TAH	19/12/2015	A
5	Mahalakshmi	31	401689	Yes	Referred	G ₂ P ₁ L ₁	3	19/12/2015	Bp-180/110	Em.Rpt.Lscs	20/12/2015	D
6	Maheswari	21	400384	Yes	--	G ₂ P ₁ L ₁	3	10/12/2015	Bp-200/120	Em.Lscs	10/12/2015	A
7	Rajeswari	22	400537	Yes	--	G ₂ P ₁ L ₀	3	12/12/2015	Bp-160/120	Em.Lscs	12/12/2015	D
8	Kokila	22	400169	Yes	--	G ₂ P ₁ L ₁	3	13/12/2015	Bp-180/120	Em.Lscs	13/12/2015	A
9	Vennila devi	22	400526	Yes	--	G ₂ P ₁ L ₁	3	15/12/2015	Bp-200/110	Em.Lscs	15/12/2015	D
10	Sasikala	22	402081	Yes	Referred	G ₂ P ₁ L ₀	3	21/12/2015	Bp-70/50 PR-150/min	Em.Lap	21/12/2015	A
11	Sameera banu	25	422497	Yes	--	P ₁ L ₂	3	08/12/2015	Bp-160/120	Post Lscs outside	--	A
12	Nilavathy	37	402489	Yes	--	Primi	3	08/12/2015	Hb-5g	Em.Lscs TAH	08/12/2015	A
13	Kanmani	24	404321	Yes	Referred	G ₂ P ₁ L ₁	3	05/12/2015	Hb-6g	LN epi	07/12/2015	A
14	Kowsalya	25	400997	Yes	--	G ₂ P ₁ L ₁	3	26/12/2015	spo2-89%	Outlet forceps	06/12/2015	D
15	Mary	23	400026	Yes	Referred	Primi	3	04/12/2015	Bp-180/120	Em.Lscs	04/12/2015	A
16	Vetriselvi	23	402832	Yes	--	P ₁ L ₁	3	01/12/2015	Bp-200/120	Em.Lscs	01/12/2015	D
17	Vadivu	29	402512	Yes	--	G ₄ P ₃ L ₃	1	24/12/2015	Hb-4.2g	MVA Done	24/12/2015	A
18	Rani	25	402482	Yes	--	G ₂ A ₁	3	24/12/2015	Bp-180/110	LN Epi	26/12/2015	A
19	Saraswathi	29	402521	Yes	Referred	G ₃ P ₂ L ₂	1	25/12/2015	Temp-102F vaginal swap-Ecoli	MVA done digital evacuation	--	A

Month:December

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Type of dysfunction caused	ICU	Surgical intervention	Blood
1	-	-	-	-	Caesarean scar pregnancy with bleeding per vaginum	hrg	Yes	+	4 U pc 6 U ffp
2	-	-	-	PP	HELLP	hepatic	Yes	-	2 U pc 6 U ffp
3	-	-	-	-	subtotal hystrotony with Rectal perforation closure with sigmoid colostomy	others	Yes	+	--
4	-	-	-	-	Caesarean scar pregnancy	hrg	Yes	+	5 U pc 10 U ffp 6 U plt
5	F	0.9 Kg	-	AP	Imminent eclampsia	HT	Yes	-	--
6	F	2.4 Kg	-	AP	Antepartum eclampsia	HT	Yes	-	3 U pc 6 U ffp
7	M	1.8 Kg	-	IP	Abruptio Grade III	Coagulatory	Yes	-	4PC 6FFP
8	F	2.2 Kg	+	AP	Antepartum eclampsia	HT	Yes	-	--
9	F	1.2 Kg	-	AP	Antepartum eclampsia	HT	Yes	-	--
10	-	-	-	-	Rupture uterus	HT	Yes	-	--
11	-	-	-	PP	postpartum eclampsia	HT	No	-	--
12	F	2.2 Kg	-	IP	Abruptio Grade III with atonic postpartum haemorrhage	hrg	No	+	5 U pc 12 U ffp 10 U plt
13	M	2 Kg	-	AP	Jaundice complicating pregnancy	Hepatic	No	-	2 U pc 12 U ffp
14	M	2.75 Kg	-	IP	RHD/Severe MS/MR/acute pulmonary edema	CVS	CPAP	-	1 U pc
15	F	1.8 Kg	+	IP	Abruptio Grade III	Coagulatory	No	-	2 U pc 4 U ffp
16	M	2.5 Kg	-	AP	Antepartum eclampsia	HT	No	-	--
17	-	-	-	-	Incomplete abortion	hrg	No	-	5 U pc
18	F	2.1 Kg	+	AP	Severe preeclampsia	HT	No	-	1 U pc
19	-	-	-	-	Septic abortion	Sepsis	No	-	2 U plt

Maternal Death

S.No	Name	Age	IP No	B	Referral Status	OBS Score	GA	DOA	Vitals / Inv	Mode of Delivery	Time of Delivery	Alive/ Dead
01	Tahira Banu	27	Admin in TMCH	Yes	--	Primi	1	27/09/15	Altered sensorium Na-120 RBS 260	--	--	--
02	Sophia	28	390342	Yes	Referred	Primi	3	28/09/15	SPO2-90% Hb – 3.8g	LN	28/09/15	D
03	Ramani	30	389119	Yes	Referred	G ₃ P ₂ L ₁	3	20/09/15	Bp-180/140	Em.R.Lscs	20/09/15	D
04	Revathy	22	389441	Yes	--	Primi	3	22/09/15	On admission Normal SPO2-65% PR-140/min	LN with epi	28/09/15	-
05	Poonguzhali	25	391015	Yes	Referred	Primi	3	01/10/15	>12 of admission PR-138	Em.Lscs	05/10/15	A
06	Amutha	32	393471	Yes	Referred	G ₃ P ₁ L ₁ A ₁	3	18/10/15	Bp-150/100 PR-120/min Increasing PT Cola color plt 41000	Em.Lscs	18/10/15	A
07	Arivazhagi	25	392665	Yes	--	G ₂ P ₁ L ₁	3	12/10/15	Hb – 48% PR-138/min subcut emphysema	LN with Epi	13/10/15	A
08	Soundharavalli	36	394087	Yes	--	P ₄ L ₄ A ₁	3	22/10/15	PR-140/min SPO2-70%	LN	25/10/15	A
09	Sathya	27	3966828	Yes	Referred	P ₁ L ₁	3	05/11/15	Hb-	Em.Lscs	05/11/15	-

									180/min Non bund PR-? Bp-? SPO2-60%	outside		
10	Kamatchi	22	399363	Yes	Referred	G ₂ P ₁ L ₁	3	30/11/15	icterus Bp-4g plat-13x10 ³	LN with EPI IUD	04/12/15	D
11	Dhanalakshmi	22	401190	Yes	Referred	P ₂ L ₂ PND -36	3	16/12/15	Bp-90/50 Hb-3g	Outside	10/11/15	-
12	Jeenath Begam	28	401450	Yes	Referred	G ₄ P ₂ L ₂ A ₁	3	18/12/15	PR- 119/min Increasing RFT 88/17 Bp-7g	Em.Rpt.Lscs	18/12/15	D
13	Umadevi	37	405208	Yes	Referred	Primi	3	16/01/16	PR- 119/min decreasing 28000 plt	Em.Lscs	16/01/16	D
14	Sathya	20	406605	Yes	Referred	P ₁ L ₁	3	27/01/16	BP-150/90 PR- 110/min RR-26 Na – 12g K-4.2	Outside post CPR status	27/01/16	-
15	Rani	22	407039	Yes	--	Primi	3	30/01/16		LN	08/02/16	-
16	Mariyammal	23	408119	Yes	Referred	P ₃ L ₃	3	10/02/16	Infected	LN outside	01/02/16	A
17	Andal	24	409580	No	Referred	P ₂ L ₂ A ₁	1	21/02/16	BP-80/50 PR- 150/min RR-50/min	--	21/02/16	--
18	Saraswathi	40	413758	No	Referred	G ₅ P ₄ L ₄	1	22/03/16	Bb-80/50 94% pallor+++ Hb-4.2g	--	22/02/16	--

19	Vasuki	20	413888	No	Referred	P ₁ L ₀	1	23/03/16	PR-146/min 95% with O ₂ 28/min Hb-3.6g	Home delivery	23/03/16	--
20	Megala	30	415057	Yes	Referred	G ₄ P ₃ L ₃	3	31/03/16	PR-130/min Bp-80/50 Hb-9g	LN	01/04/16	A
21	Sumathy	20	418010	Yes	Referred	P ₁ L ₁	3	24/04/16	PR-140/min Bp-? Hb-4g	LN with epi outside	--	A
22	Rosemary	26	419480	Yes	Referred	Primi	1	18/04/16	Bp-60/? PR-146/min Hb-5.2g	-	16/04/16	--
23	Valarmathy	26	418311	Yes	Referred	Primi	3	26/04/16	Bp-200/120 U-98 C-32	LN	26/04/16	D
24	Tamil ilakkiya	21	419806	Yes	--	Primi	3	07/05/16	Lcteric Hb-5.6g Bp-11.8g	LN with epi	09/05/16	A
25	Kanimozhi	25	421949	No	Referred	Primi	1	23/05/16	HR-150/min RR-26/min SPO2-86% with O ₂ sr..Bhces 138224	Em.Laparotomy	25/05/16	--
26	Revathy	30	260429 (TMCH)	No	--	G ₄ P ₁ L ₁ A ₂ Previous Lscs	2	27/05/16	Normal Bp,PR JVP increasing SPO2-96%	spontaneous expulsion	31/05/16	D

27	Dhanalakshmi	42	424313	No	Referred	P ₂ L ₂ A ₁	1	07/06/16	Electrolyte PR- 148/min RR-26/min Bp-? Vag swap Ecoli	Em. Laparotomy	07/06/16	--
28	Mangalam	28	428829	Yes	Referred	P ₃ L ₂	3	23/06/16	-	LN outside	13/06/16	A
29	Priya	22	36542 (TMCH)	No	Referred	G ₄ P ₃ L ₃	2	15/07/16	SPO2-60%	Spontaneous expulsion	22/07/16	D

Maternal Death

S. No	Sex	Weight	NICU	Timing of Event	Type of Event	Organ Dysfunction	ICU	Surgical intervention	Blood	DOD	Hosp. Stay	Cause of Death
1	--	--	-	AN	Type I diabetesmellitus/ Metabolic encephalopathy	RS	--	-	--	27/09/15	--	Respiratory failure sudden cardiac arrest
2	M	2.5 Kg	-	PP	Severe Anemia /AGE	SEPSIS	--	-	7U pc 12 U ffp 10 U plt	30/09/15	2	AGE sepsis/ Acute pulm edema
3	F	800 g	-	AP	Antepartum eclampsia	CNS	Refer to TMC H	-	--	22/09/15	2	HIE/Stroke/Respiratory failure
4	--	--	-	IP	Trival MR	CVS	--	-	--	28/09/15	6	Pulmonary embolism
5	F	1.5 Kg	+	AP	Rheumatic heart disease – MS/MR congestive cardiac failure	CVS	CPAP MV	-	--	05/10/15	4	cardiac failure/shock
6	M	1.2 Kg	+	PP	Imminent eclampsia, HELLP	HEPATIC	MV	TAH	8 U pc 6 U ffp 11 U plt	29/10/15	11	Imm eclampsia/DIC / CVA/HIE
7	M	2.75 Kg	-	IP	Severe anemia, Atonic postpartum haemorrhage	HRG	MV	-	6 U pc 10 U ffp 10 U plt	14/10/15	2	Acute pulm edema/pneumothorax

8	F	2.2 Kg	-	PN	PT Sequelae	RS	MV	-	-	26/10/15	4	COR Pulmonale/Res p failure
9	--	--	-	IP	Massive Pulmonary edema	RS	MV	-	-	05/11/15	-	Spinal shock/HIE/DI C
10	F	2.5 Kg	-	AP	HELLP	HEPATIC	MV	-	7 U pc 10 U ffp 10 U plt	10/12/15	10	MODS
11	--	--	-	PP	severe anemia with failure	CVS	MV	-	2 U pc + 2 U pc PN wd	11/12/15	5	CCF/Hyper thyroidism
12	F	1.3 Kg	+	AP	HELLP/HRS	HEPATIC	MV	-	8U pc 13U ffp 8 U plt	23/12/15	5	HEP- ENCEPHALO PATHY MODS
13	F	1.3 Kg	+	AP	HELLP/MODS/NVP +ve	HEPATIC	MV	-	2 U pc 4 U plt	23/01/16	7	MODS
14	--	--	-	AP	status epilepticus	CNS	MV	-	3 U ffp	31/01/16	4	HIE
15	--	--	-	PP	RHD-MS,Post Mitral Valve stenosis	CVS	--	-	--	22/02/16	22	Severe pulm HT
16	M	2.4 Kg	-	AP	RHD-Severe Mitral Stenosis	CVS	--	-	--	11/02/16	1	Acute pulm edema / SVT / Cardiogenic shock
17	--	--	-	IP	Septic abortion	SEPSIS	MV	-	3 U pc 6 U ffp	01/03/16	10	Septic shock / ARF
18	--	--	-	--	Septic abortion Grade – III	SEPSIS	--	-	6 U pc 4 U ffp 8 U plt	22/03/16	-	Septic shock / DIC
19	--	--	-	--	severe anemia, septic shock	SEPSIS	--	TAH	1 U pc	23/03/16	-	Septic Shock / Pulm edema

20	M	3 Kg	+	AP	AFE/DIC	COAGULATORY	MV	-	2 U pc 10 U ffp 8 U plt	23/03/16	2	DIC / Am.Fluid Embolism
21	F	2.8 Kg	-	IP	Traumatic PPH	HRG	MV	-	6 U pc 18 U ffp 12 U plt	20/04/16	4	Irreversible shock / DIC / AKI
22	--	--	-	--	Post MTP/sepsis	SEPSIS	--	-	5 U pc 10 U ffp 6 U plt	27/04/16	1	AKI / Septic shock / DIC / HIE
23	M	1.2 Kg	+	--	Severe preeclampsia	COAGULATORY	--	-	6 U pc 16 U ffp 10 U plt	27/04/16	1	DIC / AKI
24	F	2.7 Kg	-	AP	Acute hepatic coagulopathy HIE	HEPATIC	--	-	6 U pc 38 U ffp 10 U plt	13/04/16	6	Acute fatty liver of pregnancy / HIE / AKI
25	--	--	-	--	choriocarcinoma with bleeding per vaginum	HRG	MV	TAH	7 U pc 10 U ffp 7 U plt	24/05/16	1	Irreversible Hrg shock
26	M	500 Kg	-	--	RHD,MS pulmonary edema/ AKI/cardiorenal syndrome	CVS	MV	-	--	01/06/16	3	AF / CCF / VT / AKI
27	--	--	-	--	Rectal injuiry/sigmoid colon colostomy	SEPSIS	MV	TAH	5 U pc	15/06/16	8	Septic abortion Grade IV
28	-	--	-	-	R parietotemporal massive hemorrhage/ infarct with edema with L hemiparasis	CNS	Yes	-	1 U pc	26/06/16	13	Massive MCA infarct with cardio respiratory arrest
29	--	--	--	AP	RHD-MS/Double valve Replacement done/L parietooccipited hemorrhage/RSF/Cardiac failure	CVS	Yes	--	--	22/06/16	7	cardio respiratory arrest